Make Comments on the
Missouri State Plan on Aging

STATE PLAN ON AGING
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MISSOURI

STATE PLAN ON AGING

VERIFICATION OF INTENT

FEDERAL FISCAL YEAR 2007-2011

The Division of Senior and Disability Services within the Missouri Department of Health and Senior Services has been designated the State Unit on Aging, with authority to develop and administer the State Plan on Aging in compliance with the requirements of the Older Americans Act of 1965 as amended. The State Plan on Aging is the basis for State operation and administration of programs for seniors and is developed consistent with State and Federal laws.

The Division of Senior and Disability Services hereby submits the State Plan on Aging for approval by the Governor for the period beginning October 1, 2007 through September 30, 2011.

09/19/07
Date

Brenda F. Campbell
Director, Division of Senior & Disability Services

9-19-07
Date

Director, Department of Health & Senior Services

STATE CERTIFICATION

I hereby approve and submit the State Plan on Aging for Missouri to the Assistant Secretary for Aging, Administration on Aging, U. S. Department of Health and Human Services. Upon approval, Missouri will proceed with activities described herein for the period October 2007 through September 2011.

Approved on this 27th day of September 2007

Governor, State of Missouri

MISSOURI STATE PLAN ON AGING

EXECUTIVE SUMMARY

Governor Matt Blunt has led Missouri in support of its greatest resource – its citizens. By design, public policy in Missouri supports giving seniors, adults with disabilities, family members and caregivers the opportunities and supports necessary to enjoy maximum independence in their daily lives. As a compliment to legislation transforming Missouri Medicaid to MO HealthNet, Governor Blunt has designated responsibility for rebalancing long-term care services and supports in Missouri to the State Unit on Aging – offering all Missourians the opportunity to "Age with Dignity."

The Division of Senior and Disability Services within the Department of Health and Senior Services has primary responsibility for managing public resources and programs targeted to seniors and adults with physical disabilities in need of protection or long-term care. The division will lead the charge to redirect the redesign discussions to one that will focus on strengthening long-term care services and supports. Community living, caregiver support, individual choice, self-determination, access to home and community based care, and expansion of care options are discussions that will lead to maximizing the sustainability of the care continuum for all Missourians.

Currently, Missouri has a vast array of long-term care services available to persons who need assistance with activities of daily living and are eligible for state or federally funded long-term care in a nursing facility. The current system has successfully focused on ensuring that state and federal resources pay for care in the least restrictive, least expensive care setting that is adequate to meet the functional needs of individuals who require assistance. To ensure that a comprehensive, sustainable long-term care delivery system is available in Missouri, the focus of long-term care services and supports must be expanded to ensure that all individuals needing assistance have access to information that promotes safe community-based alternatives for receiving long-term care regardless of their ability to pay.

The projected increase in individuals needing assistance with care is expected to skyrocket as the aging of the Baby Boomers results in a swell of seniors throughout the next decade. Coupled with the increase in life expectancy, the need for long-term care is expected to be at an all-time high by the year 2030. During the height of the anticipated increased need, the number of younger individuals entering the workforce will be insufficient to meet the market demand for caregivers.

Sustainable systems for protecting and providing long-term care to seniors and adults with disabilities in Missouri will require adjustment from current supports and services to a system that encourages personal responsibility, financial planning, and promotes assistive technology and tools that will lessen the need for one-on-one caregiver activities. Such system redesign will require innovative solutions to protect personal integrity, independence, and enable individuals needing assistance to remain independent for as long as possible.

Together with division directors from the Departments of Health and Senior Services, Social Services, Mental Health, and Elementary and Secondary Education, the State Unit on Aging will coordinate statewide efforts to improve systems designed to protect and provide long-term care

services and supports to Missouri seniors and adults with disabilities. Departments that share responsibility for managing components of the long-term care delivery system will strive to rebalance the system of long-term care services and supports, incorporating the needs of all Missouri populations. Interagency collaboration will assure that system transformation activities across state agencies do not duplicate nor counteract interrelated efforts to improve systems. The principles to guide rebalancing activities will ensure systems will be consumer-centered, cost-effective, promote individual choice and personal responsibility, contain innovative, modern solutions that are evidence-based, successful models, and will safeguard the new system from precarious loopholes that give way to systematic waste, fraud, and abuse of precious long-term care resources.

With the help of consumers, clients, caregivers, patients, residents, families, and advocates that comprise the Aging and Disability Network, Missouri will work to increase public awareness of the array of alternative care – as well as to begin to focus public attention on the resources necessary to overcome barriers that prevent access to community living. Missouri will focus on rebalancing state and federal resources to maximize the opportunity for all seniors and adults with disabilities who face decisions regarding long-term care to have an opportunity to access information regarding the extended system of care that supports individuals in the least restrictive environment.

The priorities and blueprint contained herein will guide long-term care rebalancing efforts while working to maximize the state's investment of fiscal and human resources – exploring alternative funding and structural options to sustain the continuum of long-term care in Missouri. Although not inclusive of all work within Missouri, the highlighted department and gubernatorial priorities provide the framework that demonstrates respect for consumers, encourages individual participation in care planning, supports self-determination, promotes personal responsibility, safeguards individual control, ensures quality care, preserves fiscal accountability, and enables timeliness, affording Missourians the ability to age with dignity.

Once the five goals and fifteen strategic objectives within the 2007-2011 State Plan on Aging are achieved, the viability and sustainability of the Adult Protective Services and long-term care systems will protect the health and safety and honor the choices of Missourians. Rebalanced long-term care resources – with deference to systems that ensure home and community based alternatives – will encourage seniors to discuss long-term care options. The plan encompasses state priorities and directly aligns with the priorities of the Administration on Aging, while giving consideration to long-term care initiatives being implemented at the federal and state levels.

Strategic goals contained herein focus on ensuring that systems are designed to protect the dignity, integrity, and the inherent rights of any individual. The State Unit on Aging will ensure that systems redesign activities are designed to protect seniors and adults with disabilities who depend on formal or informal caregivers for care and protect against victimization – including protecting residents of long-term care facilities. Conscientious efforts to incorporate best practices related to Adult Protective Services will ensure multi-disciplinary collaboration among professionals who have essential skills for developing successful intervention and prevention. Targeted efforts will create a safe alternative to more restrictive care on behalf of individuals at-risk of maltreatment due to physical or mental impairments that compromise the ability to control all aspects of care and community living.

Long-term care system transformation efforts will focus on the components that are necessary to provide Missourians access to a system of services and supports that are affordable, accessible, and sustainable. Effective home and community based care alternatives will empower individual choices in care delivery, enhance the effectiveness of alternative care, and avoid premature dependence – which otherwise results in loss of capacity to live independently. Systems that are consumer-centered provide tools rather than surrogate decisions and allow individuals to maintain freedom of choice and control for as many aspects of their personal life as possible. The modernized long-term care system will provide services within the home or community as long as safe alternatives are available. This system will create viable alternatives to care otherwise provided in a more costly, more restrictive setting.

To ensure individuals needing long-term care or protection can remain safely in the community, information regarding care and supports available to assist seniors in maintaining or increasing the quality of life must be accessible to all Missourians. The division will partner with the MO HealthNet Comprehensive Entry Point Subcommittee, sister state agencies, Area Agencies on Aging, United Way, and Aging and Disability Network to create a streamlined system for accessing information about available care to help people maintain independence. Access to accurate information, with specific emphasis on educating informal caregivers about available care, will increase the ability for individuals to independently pay for care in the community. Successful design will enable seniors and adults with disabilities to avoid premature dependence on state or federally funded care.

A successful community based long-term care system will increase public awareness, interaction and community support – resulting in more seniors and adults with disabilities accepting personal responsibility for care. Increased community involvement will heighten in the interest and importance of planning for intervention, protection, and recovery in the wake of natural or man-made disasters. The rebalancing initiative will strengthen the planning efforts of the care network necessary to maximize protection of seniors and persons with disabilities receiving long-term care in the community.

Throughout the four-year period, the State Unit on Aging will ensure that redesign efforts are efficiently managed in order to keep state and federal resources dedicated to serving seniors and persons with disabilities. Annual progress updates will be developed and distributed to Aging and Disability Network partners and the plan revised to ensure success of the planning efforts. Once the strategic goals outlined in the State Plan have been accomplished, Missouri will have a system of care and supports that protects and sustains community based long-term care options for seniors and adults with disabilities that defend each individual's right to self-determination, encourages healthy lifestyle choices and enhances responsibility to plan for financing long-term care, with access to for all seniors regardless of their degree of need or ability to pay.

MISSOURI STATE PLAN ON AGING

INTRODUCTION

The Division of Senior and Disability Services is a division within the Department of Health and Senior Services[1]. Created in 2001 through Executive Order, the new Department brought together the State Unit on Aging and the State Health Organization under unified leadership.

In 2005, the Division of Senior and Disability Services was established to lead the state on protection and care issues of seniors and adults with disabilities. In consultation with the department director, the division advises legislators, advocates, state agencies and partners regarding senior and long-term care programs in Missouri. Charged with coordinating and implementing programs for Missouri seniors, the division has primary responsibility for the long-term care system that provides services and supports for Missourians needing assistance with activities of daily living.

The Division of Senior and Disability Services accomplishes its mission through the efforts of approximately 480 employees and many public and private partners that comprise the Aging and Disability Network. Division of Senior and Disability Services[2] employees are located in the Central Office, five Regional Offices and thirty Area Offices – with some staff based in local county offices throughout the state.

- The Section for Adult Protective and Community Services is responsible for hotline investigations, intervention, information regarding long-term care options, authorizing Medicaid funded long-term care, state and federal program compliance, Quality Assurance mandates of the Medicaid Waivers, Provider/Vendor oversight and monitoring, complaint investigations, and care coordination.
- The Central Registry Unit is responsible for registering hotlines, conducting intake, and receiving complaints regarding licensed facilities within Missouri.
- The Bureau of Senior Programs has primary responsibility for ensuring the effective and efficient management of state and local activities associated with all Older Americans Act funds. Ten staff within the Bureau review program and service provision for compliance with state and federal requirements and conduct annual monitoring.
- The Office of the Long-term Care Ombudsman advocates for residents of long-term care facilities and residential care/assisted living facilities.

In addition to elected officials, our partners include sister state agencies, Area Agencies on Aging, state commissions, contractors, health care professionals and organizations, state university researchers and participants. Together, the Division of Senior and Disability Services and the Aging and Disability Network have demonstrated their commitment to continuous examination and two-way communication to maximize state efforts on behalf of Missouri seniors and individuals in need of protection or long-term care. The success of Missouri's efforts to move our state forward in serving seniors and adults with disabilities is primarily attributed to the collective dedication of our partners resulting in significant accomplishments for systematic changes that protect and provide high-quality care to Missourians.

Under the leadership of Governor Matt Blunt, the state executive department directors within Social Services, Health and Senior Services and Mental Health formulated a plan for

implementing the recommendations of the Missouri Medicaid Reform Commission[3], which had been created under Senate Bill 539, 208.014, RSMo, to transform the current Medicaid System[4]. The most comprehensive update to Medicaid in Missouri since its inception nearly forty years ago will begin this year as result of 2007 legislation (SB577[5]) containing the tenets of a transformed Medicaid system for Missouri. MO HealthNet will incorporate leading edge strategies to improve health care outcomes and health care financing.

The demographic changes within the nation attributed primarily to the aging of the Baby Boomers, but also significantly impacted by declining birth rates and improvements in life expectancies, will have an unprecedented impact on Missouri beginning as early as 2010. This anticipated nationwide phenomenon has shrouded state and federal planning as agencies strive to ensure that systems created to ensure quality life for Americans do not diminish in quality or solvency under the wake of the Baby Boomers.

Over the next four years, the Division of Senior and Disability Services will continue to work with state and federal partners to redefine and modernize protection and long-term care systems within Missouri. The State Plan on Aging contains the blueprint for accomplishing the goals and objectives through 2011 and how we will measure performance. The document outlines the division's role within the larger priorities and commitment of Governor Matt Blunt to reform the state's social welfare programs and to address Missouri's health care crisis and the commitment of Lieutenant Governor Peter Kinder[6] – as the official senior advocate – to find solutions to key issues crucial in the lives of senior citizens.

The State Plan on Aging has been developed with the input of Aging and Disability partners to fit within the overarching priorities of the department. Likewise, the plan supports the priorities of the Department of Health and Human Services through the strategic goals and initiatives of the Administration on Aging as well as a general consideration to the strategic plans of the Centers for Medicare and Medicaid Services and the Center for Disease Control as they relate to caring for seniors and modernization of the nation's long-term care system.

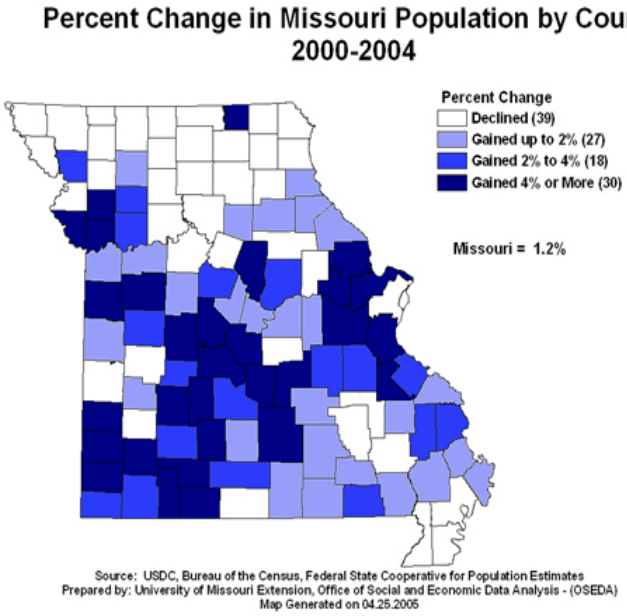
Among the administrative priorities under which Missouri's executive departments operate, several overarching gubernatorial priorities reflect the administration's guiding principles regarding the value of protecting the dignity and safety of Missouri seniors and provides the firm foundation on which Missouri has developed an insightful State Plan on Aging:

- Better coordination to reduce costs and improve care for elderly/disabled Missourians;
- Expand options to maximize independence of seniors;
- Address long-term care providers' personnel retention issues;
- Support senior transportation programs;
- Establish a Senior Center in every county;
- Mobilize volunteers to assist seniors;
- Ensure that every senior center has a computer;
- Market tuition assistance for seniors;
- Implement result-based strategies to maximize state resources;
- Address housing issues that are unique to seniors;
- Reduce the cost of prescription drugs;
- Promote health care data disclosure – through the authorization of the Healthcare Information Technology Taskforce;
- Reward long-term care providers for quality care and have a regulatory system that is less adversarial; and
- Train volunteers and literacy mentors – with particular focus on recruiting seniors.

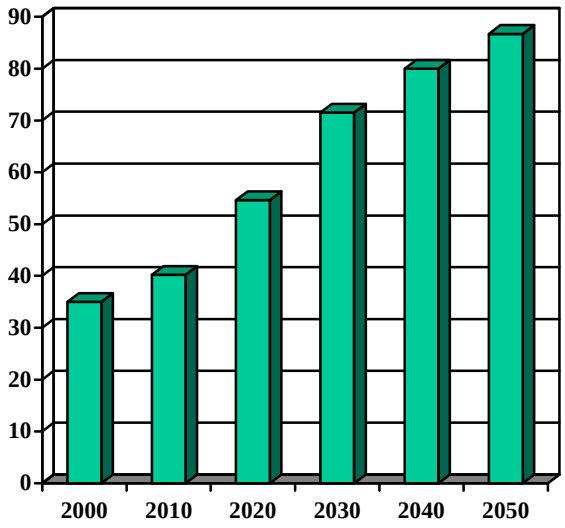
ENVIRONMENTAL SCAN

SHOW ME THE "SILVER"

The graying of America is well documented. It is not possible to ignore the unprecedented number and proportion of older citizens aging around us without buying into the 21st century cry of America … "*The Baby-Boomers are coming*!" Researchers do not project another Boom from this population – but anticipate an explosion! Born between the years 1946 and 1964, the oldest of the Boomer generation attained aged 60 in 2006. Although this group may opt to remain in the workforce for a number of years and not immediately tap into the resources set aside for seniors, it is common knowledge that states must plan now or pay later.



Similar to the challenge facing much of the nation, Missouri is on the edge of demographic shifts in its population sure to require community-level social and economic adjustments. The current growth rate of seniors as a percentage of the total population in Missouri has slightly declined as a lesser number of pre-baby boomers—those born during the period between World War II and the Great Depression—reach age 60. With a population near six million, Missouri has maintained a slow but steady overall growth in recent years—nearly three percent between 2000 and 2005. During this same time period, the senior population (individuals age 65 and older) increased at a slightly higher rate (755,824 to 784,467 or 3.7%). Consequently, similar to the national trend, the age 65 and older population in Missouri remained stable (13.5%).



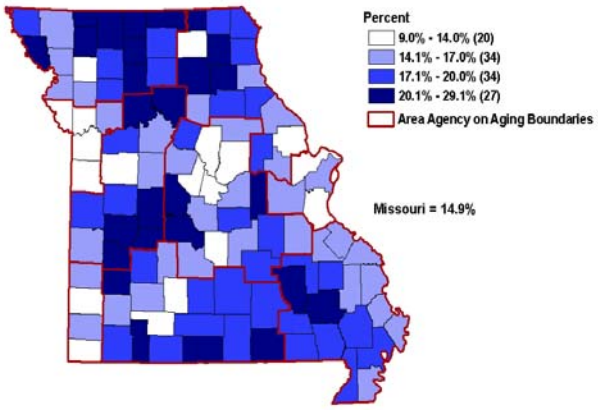
Population age 65 & Over (in millions)
2000 to 2050
Resource: U.S. Census Data

Although the state realized a slight decline in the proportion of seniors in Missouri during the past few years, the number of seniors will begin to expand rapidly as the decade draws to an end. The initial wave of baby boomers attaining age 60 will result in future trends that paint a very different picture. The Missouri senior population is projected to reach nearly 15 percent of the total population by 2010, and exceed 18 percent by 2020—proportions

higher than the national overall estimates. In 2025, the Missouri senior population is projected to increase to over 1.2 million – or nearly 1 in every 5 Missourians.

In 2020, the first of the Baby Boomers will reach age 74. As they approach 85 and become more likely to need services, the demand for long-term care will skyrocket. According to early projections, there will be about 70 million older persons in the United States by 2030, more than twice the number in 2000. The composition of Missouri's 65 and over population is expected to increase by 72% by 2030. (U.S. Census Bureau).

Percent of Missouri's Projected Population Age 65+, 2010

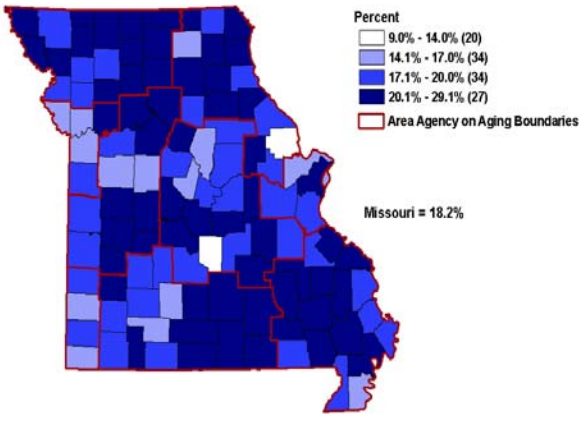


Source: USDC, Census Bureau/NCHS. Projection algorithm, programming by OSEDA
Produced by: University of Missouri Extension, Office of Social and Economic Data Analysis
Map generated on 03.02.2006

Currently, 18% of Missouri's population is age 60 or older—putting Missouri twelfth in the nation in percent of senior residents. With the first wave of the Baby Boomers turning 60 years of age last year, it is estimated that nearly three Baby Boomers will turn 60 each hour in Missouri by the year 2010. This pace will quicken during the years following 2010 as the swell of the Baby Boomers enjoy longer lives – far out-pacing the rate at which young adults will enter the labor market. Missouri's population projections show an increase in the percentage of seniors as a part of the total population in all counties. Suburban counties just outside of large cities will experience additional growth as seniors migrate to these areas from urban and agricultural counties. According to the University of Missouri's Office of Social and Economic Data Analysis (OSEDA), population shifts among Missouri regions have followed similar patterns for many years as individuals move from rural agricultural areas to urban areas or to rural areas with more recreational activities.

The current population distribution in Missouri is attributed to the migration trends of seniors over the past decades. It is anticipated that these trends will result in a large senior population growth as seniors choose to move from older urban areas to newer urban areas – if not into nearby suburban areas.

Percent of Missouri's Projected Population Age 65+, 2020

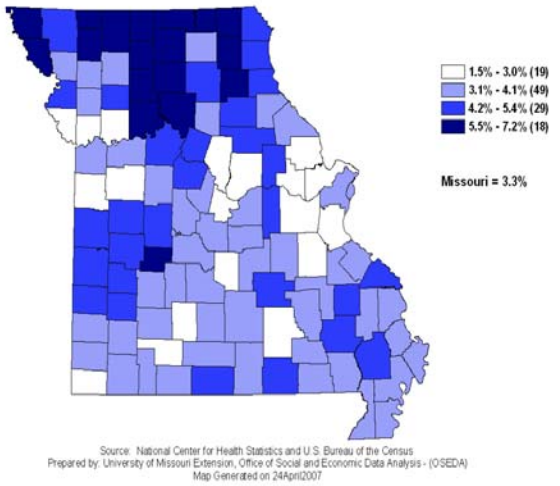


Source: USDC, Census Bureau/NCHS. Projection algorithm, programming by OSEDA
Produced by: University of Missouri Extension, Office of Social and Economic Data Analysis
Map generated on 03.24.2006

If current migration trends hold, seven of the top ten fastest-growing counties will be suburban counties that have strong socioeconomic ties to their central cities. Christian County, located south of Springfield, is expected to more than double in size by 2020. St. Charles County, which is northwest of St. Louis, will grow by 80 percent, and Platte County, which is northwest of Kansas City, will grow by 69 percent. Ten counties identified as rural

agricultural counties are anticipated to experience the greatest population decline in the coming decade. According to these migration trends, Knox and Worth Counties could lose as much as half of their current populations by the year 2020. During this same period, St Louis City has been identified as the one urban area expected to lose 44 percent of its population due to migration trends.

Population Age 81 Years and Older, 2005 As A Percent of Total

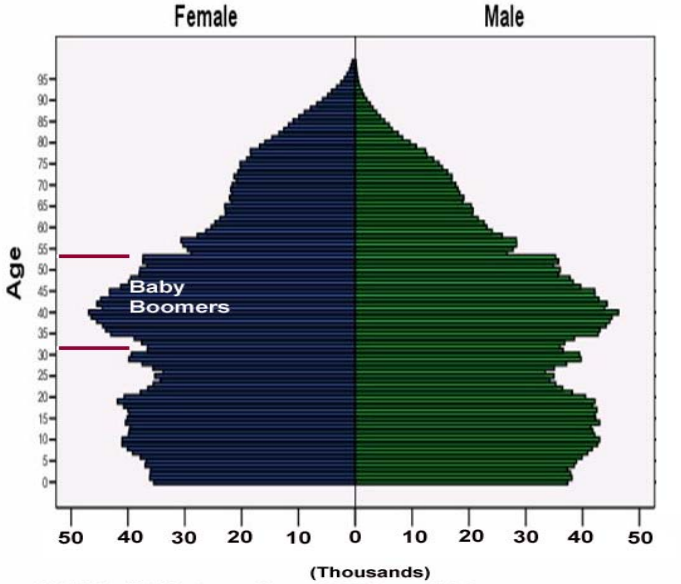


Source: National Center for Health Statistics and U.S. Bureau of the Census
Prepared by: University of Missouri Extension, Office of Social and Economic Data Analysis - (OSEDA)
Map Generated on 24April2007

In addition to migration, uncontrollable variables and the economy affect population trends. For example, St. Charles County trends show a gain of 96,000 immigrants over the next thirty years in addition to the 75,000-person increase expected due to natural growth. On the other end of the spectrum, trend-estimates show Knox County losing over 2,000 people to migration and another 300 persons through natural decline. Although a rural county, Pulaski County will likely see a 38% growth in population from 1990-2020 due to the influx of young soldiers housed at Fort Leonard Wood's military post (OSEDA).

No age group has grown as consistently or proportionately more in Missouri than persons at or above age 85. The transition to a predominantly senior state will impact the nature and demand for health care, housing, transportation, nursing care, facility care, and home and community based long-term care. Additionally, since 1960, the 85–and–over age group has more than doubled (to 80,000 in 1990) and is expected to grow 42.5 percent from 2000 to 2020, increasing the number of oldest old by more than 41,000. By 2020, this population (estimated at 129,000) will comprise over 2% of the state's total population.

Missouri Population by Age and Sex: 2000



SOURCE: USDC, Census Bureau, 2000 Decennial Census
Prepared by: University of Missouri Extension, Office of Social and Economic Data Analysis
24March2006

Along with the rapid growth of the oldest old, the predominance of women at advanced age is a key phenomenon. According to the 2000 U.S. Census results, females made up 59% of the 65 and older population and 73% of the 85 and older population. Several factors – work history, family roles in care giving, martial status, and changes in pension coverage – affect retirement income and the economic well-being of older women. The upsurge in this population will increase the need for health and social services – issues policy makers will have to address.

STATE AGENCY COLLABORATION

Within Missouri, several state agencies share in the mission of ensuring protection of and quality long-term care for targeted subsets of the disabled population. Each state agency enjoys support from advocacy groups and organizations targeted to specific populations. Through collaboration at the state agency level, the needs and concerns of various populations are incorporated into public policy discussions regarding seniors and long-term care in Missouri.

State agency directors sharing responsibility for various components of the long-term care continuum are dedicated to coordinating information to avoid duplication of effort and maximize state and federal resources. Seniors and adults with disabilities benefit from a strong working relationship between the state agencies that have an interconnected mission to sustain or improve the quality of life for seniors and persons with disabilities:

- **THE DEPARTMENT OF HEALTH AND SENIOR SERVICES** (DHSS)[7]

  THE DIVISION OF SENIOR AND DISABILITY SERVICES has primary responsibility for fulfilling the requirements of the State Unit on Aging and the mandates for administering programs and services designed to maximize independence and safety for seniors and adults with disabilities. The division is responsible for oversight, implementation and administration of state, federal and community-based programs, to include: Adult Protective Services, Medicaid State Plan Personal Care Services, two Home and Community Medicaid Waivers, the State Long-term Care Ombudsman and oversight of state and federally funded programs designed to improve the quality of life for seniors and adults with physical disabilities.

  THE DIVISION OF COMMUNITY AND PUBLIC HEALTH (DCPH) has primary responsibility for core public health functions and administers programs and services for children with disabilities, persons diagnosed HIV-positive, and young adults access to long-term care services, including two Home & Community Based Medicaid Waivers.

  THE DIVISION OF REGULATION AND LICENSURE (DRL) is responsible for regulatory oversight, Medicaid/Medicare Certification, and/or inspections of health care facilites in accordance with state and federal laws and regulations promulgated to safeguard the health, welfare and safety of Missourians (e.g., hospitals, clinics, home-health and hospice, emergency medical technicians, air and ground ambulance services, emergency medical response agencies, trauma centers, adult day care centers, long-term care, residential care and assisted living facilities).

- **DEPARTMENT OF SOCIAL SERVICES** (DSS)[8]

  THE FAMILY SUPPORT DIVISION[9] has primary responsibility for administration of programs for the welfare of Missourians to include eligibility for MO HealthNet (Medicaid).

  THE MO HEALTHNET DIVISION[10] is the single State Medicaid Agency and is fiscally accountable for appropriate administration of state and federal funds used to pay for health care benefits on behalf of eligible participants.

In 2005, Senate Bill 539 created the Medicaid Reform Commission to develop recommendations for reforming, redesigning and restructuring a new Medicaid system. Five members appointed

from each chamber of the Missouri Legislature served as full members, with the directors of Departments of Health and Senior Services, Social Services, and Mental Health serving as ex officio members. The Commission was charged with recommending a fundamental program concept to achieve eight objectives intended to improve the system of health care for Missouri's most vulnerable. The Commission adopted guiding principles, which consisted of five focus areas: Consumer Centered System; Provider-Driven System; Utilizing Established Data Standards; A Framework for Connectivity; and High Quality, Cost Effective Care. The Commission held 21 meetings at various sites statewide. The hearings were structured with a combination of testimony from experts in the field of healthcare and Medicaid services and from the public. The Commission heard testimony on wide-ranging topics pertaining to Medicaid reform including:

- Medicaid overview and the current program;
- Hospital industry perspective;
- Long-term care;
- Medicaid and managed care;
- Pharmacy;
- Availability and eligibility;
- Technology in healthcare;
- Medicaid reform in other states;
- Providers' perspective; and
- Mental health.

The final recommendations served as the blueprint for the work of the Executive Cabinet in developing the final plan to implement transformation of Medicaid to MO HealthNet.

➢ DEPARTMENT OF MENTAL HEALTH (DMH)[11]

THE DIVISION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES (MRDD) [12] serves persons diagnosed with developmental disabilities prior to age 22 such as mental retardation, cerebral palsy, head injuries, autism, epilepsy and certain learning disabilities. MRDD administers three Home & Community Based Waivers for individuals as an alternative to Intermediate Care Facilities – Mental Retardation (ICF-MR) placement.

THE DIVISION OF COMPREHENSIVE PSYCHIATRIC SERVICES (CPS)[13] is charged with the delivery of services to persons with mental illness, to include persons with serious and persistent mental illness; persons suffering from acute psychiatric conditions, children and youth with serious emotional disturbances and forensic clients.

THE DIVISION OF ALCOHOL AND DRUG ABUSE (ADA)[14] plans and funds prevention, treatment and rehabilitation programs for alcohol and other drug abuse through outpatient, residential, and detoxification services through operation of community-based programs.

In June 2006, Governor Matt Blunt charged Lt. Governor Peter Kinder with forming a special Mental Health Task Force, initially comprised of the directors of the departments of Health and Senior Services, Mental Health, Social Services and Public Safety and later expanded to include families and representatives of Department of Mental Health contract providers. The Mental Health Task Force established an interactive web site to provide information and obtain public input from families, guardians, providers and other interested persons. The task force reviewed hundreds of responses, held six public hearings throughout the state to listen to consumers, families, providers, staff and others interested in the safety of the mental health system. As a result of the final recommendations, the departments of Health and Senior Services and Mental Health are finalizing a Memorandum of Understanding to partner through the division's Elder Abuse Hotline and co-investigate incidents of abuse/neglect in dually licensed facilities. The Department of Mental Health also signed a Memorandum of Understanding with the Department of Social Services

regarding child care fatalities and developed protocols through the Missouri State Highway Patrol to ensure law enforcement is notified when incidents of a suspicious nature occur – and to codify availability to assist with investigations.

In 2002, President George W. Bush issued the New Freedom Commission on Mental Health final report, identifying weaknesses at the state and federal levels in mental health care. In response to the report, which described the system as "broken and fragmented," the Department of Mental Health established the Office of Transformation to address concerns regarding Missouri's mental health service delivery system, which was based on a model that treats disabilities without focus on prevention, early intervention, public education, and promotion of good mental health. The Office of Mental Health Transformation will move the system from one driven by disability to one based on public health principles. In October 2006, the Substance Abuse and Mental Health Services Administration awarded a five-year Mental Health Transformation Grant to Missouri to build the infrastructure required for transformation. The transformation workgroup, consisting of leaders from the departments of Mental Health, Social Services, Health and Senior Services, Public Safety, Corrections and Elementary and Secondary Education, along with mental health consumers, family members and other stakeholders, is guided by an Initial Work Plan outlining the organizational structure and role, as well as the workgroup's purpose and vision.

- **DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE)**

THE DIVISION OF VOCATIONAL REHABILITATION (DVR)[15] has primary responsibility for state and federal education and rehabilitation programs for persons with disabilities, enabling affected individuals to maintain control of their lives, exercise their rights, and live independently through a range of choices minimizing reliance on others.

- **DEPARTMENT OF TRANSPORTATION** (MODOT)[16]

The *Interagency Committee on Special Transportation* reconvened in 2006. A United We Ride grant of $35,000 afforded Missouri the opportunity to conduct a series of eleven workshops across the state regarding transportation services. Initial planning activities identified the need to expand funding, increase coordination efforts and the need for a vision for transportation services in Missouri. Two hundred and thirty-one participants attended the workshops on transportation issues, resulting in the following:

- The Department of Transportation Transit Section met with the Missouri Association of Councils of Government, which represents the Regional Planning Commissions (RPCs). The Missouri Association of Councils of Government has agreed to provide the 17 rural RPCs with funds to undertake local coordination plans.
- The Department of Transportation has also included coordination plans in the annual planning work programs of the Metropolitan Planning Organizations (MPOs). The St. Joseph MPO has their written plan in final draft form for public comment. St. Louis, Kansas City, Springfield and Columbia are in varied stages of plan completion.

In addition to expanding transportation services, DHSS staff is working with the Department of Transportation to address older driver safety and mobility through a comprehensive intervention program. The Department of Transportation, the National Highway Traffic Safety Administration, and the American Society on Aging have led the initiative with public and private partners from across the state. The core set of programs implemented in Kansas

City, St. Louis, Cape Girardeau, Springfield and Columbia include: DriveWell, CarFit, Roadwise Review™, National Highway Traffic Safety Administration Law Enforcement Module, and Assessing & Counseling the Older Driver.

- **DEPARTMENT OF ECONOMIC DEVELOPMENT (DED)**

  In 2007, Governor Matt Blunt, committed to finding innovative solutions to meet the entire spectrum of affordable housing, designated the Missouri Housing Development Commission (MHDC) to lead an initiative to make recommendations on ways to improve and increase the State's ability to meet the affordable housing needs of its seniors. Division of Senior and Disability Services staff attends the meetings as a resource for senior issues on the Senior Housing Task Force.

  Several meetings have identified housing issues, to include: making existing affordable housing developments accessible; quantifying the need for affordable housing; construction costs versus grant allocation; land costs; service integration for seniors, to include home modification, personal care, medication management and mental health issues in order to sustain independence for seniors; current Low Income Housing Tax Credit (LIHTC)/HOME Investment Partnerships Program (HOME)/Missouri Housing Development Commission income limits; and the need to quantify senior homeless population needs. Seven focus groups conducted throughout the state heard varying senior issues such as: cost burdened housing; transportation; lack of services; the lack of affordable housing in some communities; home modification/accessibility/home repairs; lack of assisted living; lack of knowledge regarding acquiring services; more/better medication management; predatory lending; utility assistance and telephone service for lifeline services. The task force is also seeking consumer input through surveys designed for renters and homeowners. Results have been incorporated into the final report, submitted to the Governor July 31, 2007.

- **DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION (DFIP)**

  2007 legislation established the Missouri Long-term Care Partnership Program Act, administered by the Department of Insurance, Financial Institutions and Professional Registration. The program provides: incentives for individuals to privately insure against the costs of accessing long-term care; mechanisms for individuals to qualify for Medicaid covered long-term care while protecting resources in an amount equal to privately funded care; and alleviating the financial burden to the Medicaid program by encouraging the pursuit of private initiatives.

AGING AND DISABILITY NETWORK

Missouri is fortunate to have a strong network of advocates interested in ensuring that options are available across the continuum of long-term care. The strength and success of the current Missouri system for long-term care services and support are largely attributable to a dynamic Aging and Disability Network committed to meeting the needs of seniors and adults with disabilities – often partnering with state agencies to close gaps in the continuum of care and eliminate access barriers. As has been demonstrated in times of disaster, residents of Missouri care about the welfare of each other and are willing to lend a hand to those in need.

Division of Senior and Disability Services employees serve on or act as resources to various commissions, councils, and committees representing seniors, aging and long-term care issues. Although not all inclusive, a summary of the various partners that share the mission to offer Missouri citizens a safe, high-quality life has been included in Attachment D.

Area Agencies on Aging[17] Missouri has ten Area Agencies responsible for programs designed to address the needs of seniors within specifically defined geographic boundaries. In order to receive funding from the Department of Health and Senior Services, each Area Agency is required to submit an area plan for review and approval that addresses the wide variety of issues in their respective geographic area. Each Area Agency outlines the plan for administering their programs for a two, three, or four-year period. Priority services are determined by utilizing public hearings, customer surveys, advisory councils, and other locally obtained information. Area Agencies develop and administer programs for seniors age 60 and over who are of greatest social or economic need and are required to ensure that services are delivered with particular attention to low-income older individuals, including low-income minority, limited English, and older individuals living in rural areas.

The Area Agencies partner with local public health agencies and various organizations and coalitions to provide leadership on senior issues in the community. Although each Area Agency operates independently, the *Missouri Alliance of Area Agencies on Aging* (MA4) works closely with the State Unit on Aging to establish strategies for addressing statewide issues that are important to all Missouri seniors.

MISSOURI LONG-TERM CARE SYSTEM

The Division of Senior and Disability Services is committed to meeting the needs of seniors and adults with disabilities who are susceptible to abuse, neglect, and exploitation or at risk of premature institutionalization. The division's primary mandate is to investigate and intervene on behalf of seniors and adults with disabilities who are unable or unwilling to protect themselves. Within that mission, the division is also responsible for ensuring that Missourians who are in need of long-term care – regardless of where that care is delivered – have access to services and supports that are:

- Reliably provided by respectful, thoughtful caregivers;
- Effective in maintaining or improving quality of life for the participant;
- Controlled by participants to the degree personally desired;
- Accessible in all areas of Missouri; and
- Available for individuals who cannot afford to pay for help.

An array of long-term care services and supports are available through programs for which the Division of Senior and Disability Services receives funding and provides oversight.

ADULT PROTECTIVE SERVICES

The Division of Senior and Disability Services investigates allegations of abuse, neglect and exploitation of seniors or adults with disabilities who are unable or unwilling to protect themselves. Adult Protective Services are provided to promote independence, maximize client choice, provide quality alternatives to institutional care and empower older adults to attain or maintain optimal self-determination.

Adult Protective Services are provided by individuals and agencies for or on behalf of eligible persons who are unable to manage their own affairs, carry out activities of daily living or protect themselves from abuse, neglect, and exploitation, which may result in harm or a hazard to themselves or others. The Division of Senior and Disability Services delivers or arranges Adult Protective Services with consideration to the following inherent rights:

- Self-determination;
- Protection;
- Confidentiality;
- Participation in care planning;
- Willingness to receive assistance; and
- Right to refuse services and/or medical treatment

MISSOURI LONG-TERM CARE OMBUDSMAN PROGRAM (LTCOP)[18]

Recruited primarily by program staff in partnership with the Area Agencies on Aging, the Missouri ombudsman program utilizes volunteers to visit residents of nursing and residential care facilities, providing support and assistance to resolve problems or complaints. Following screening and training, volunteers are assigned to a facility that has agreed to participate in the program. The volunteer ombudsman receives orientation to the facility and its procedures prior to making regular contact with the residents.

Having a volunteer assigned to a particular facility provides the most accessible means of complaint resolution. The program seeks to diminish the sense of isolation experienced by residents, especially those without family. The volunteer ombudsman assists the resident in achieving a sense of self-determination. Ombudsman volunteers strive to reinforce the importance of residents' rights. While residents are provided information regarding their rights upon admission, the ombudsman is there as the resident adjusts to the facility to reiterate those rights and offer assistance in exercising them. The Missouri Long-term Care Ombudsman also revised Resident's Rights [19 CSR 30-88.010] to ensure that every individual entering a long-term care facility is aware of the options for receiving long-term care in the home and community.

Missouri's nursing facility regulations include a requirement that residents have access to the services of an ombudsman [19 CSR 30-88.010-2(18)] and to be informed of the option of receiving long-term care in the home or community. The Office of the State Long-term Care Ombudsman coordinates with the State's Central Registry Unit to ensure complaints concerning abuse, neglect, and financial exploitation are reported and investigated through the Division of Senior and Disability Services Elder Abuse Hotline.

Several publications are available through the State Ombudsman Program to assist individuals or families in choosing the appropriate long-term care option: Care Choices, Complaints, How to Select a Nursing Home, Licensing & Certification, Nursing Home Compare, Nursing Home Employee Training, and Show-Me Care.

AREA AGENCIES ON AGING SERVICES

Missouri has ten Area Agencies on Aging with over 30 years experience administering and coordinating services for older adults. Through an individual assessment, seniors age 60 and over are able to access information and services available in the local community. Area Agencies on Aging provide the following services directly or through contract:

- Information and Assistance
- Public Education and Outreach
- Transportation

- Medication Management
- In-home Personal Care
- Public Benefits Assistance
- Nursing Home Information
- Home Delivered Meals
- In-home Homemaker/Chore
- Long-term Care Ombudsman
- Family Caregiver Assistance
- Senior Center Congregate Meals
- Minor Home Repair/Modification
- Respite Care
- Adult Day Care
- Legal Services
- Health Promotion & Disease Prevention Activities
- Case Management & Care Coordination (including in-home assessments)

Area Agencies are networked through a statewide database (NapisPak) hosted by Innovative Data Systems. Initially developed in 1996 to meet the requirements of the National Aging Program Information System (NAPIS), the system has been expanded to include client tracking features for core Older Americans Act funded services, Medicaid Waiver Home Delivered Meal participants, locally funded services, integrated case management, information and assistance, and GIS mapping of clients and providers. The State Unit on Aging has partnered with the Area Agencies to expand the network to include: Area Agency funding allocations, Area Plan reporting requirements, format, assurances and instructions, Area Plan submission and approval, quarterly line item expenditure reporting, reimbursement requests and financial statements. Once completed, the data system will fully integrate the Older Americans Act-funded services, enhancing planning and management activities of the Area Agencies and the state.

Medicare Modernization: In addition to service provision, the Area Agencies have contracted with the state to act as the primary point of contact for enrolling Medicare beneficiaries into part-D plans across the state. Through collaboration with MO HealthNet division, each Area Agency receives state funds through the Missouri Rx Program, a State Pharmacy Assistance Program created to coordinate benefits with Medicare's (Part D) Prescription Drug Program. Area Agencies also work to ensure that potentially eligible beneficiaries have access to information and the opportunity to apply for Missouri's Rx program, which offers additional assistance to offset prescription drug cost. Additionally, the S.O.R.T (Seniors Organized to Restore Trust) program is operated as the result of a federal grant obtained by the Region 3 Area Agency onAging to detect/report abuse or fraud within the Medicare/Medicaid system.

Disaster Preparedness: The Missouri Alliance for Area Agencies on Aging (MA4) also participates on the Special Needs Task Force, coordinating with the state in the implementation of Annex X of the State Emergency Operations Plan. MA4 is committed to helping seniors and persons with disabilities maintain dignity and independence in a community environment. MA4's responsibilities for disaster planning for special populations include:

- Identifying an Area Agency director to address emergency management for persons with special needs as part of the Department Special Needs Task Force;
- Identifying gaps in the Aging Network's ability to provide required assistance and services;
- Disseminating information received from government agencies during an emergency;
- Providing assistance to facilitate disaster preparedness planning activities;
- Supporting outreach efforts to promote cultural sensitivity in disaster preparedness or recovery activities;
- Responding to long-term recovery efforts to address unmet needs; and
- Coordinating case management efforts for the special needs population.

As an international hub, the City of St Louis is often called upon to assist with relief efforts such as Hurricane Katrina. In an effort to better serve populations with special needs, the City of St. Louis has partnered with the Area Agency's Innovative Data Systems to develop a comprehensive "Special Needs Database" – which could easily be adapted by all Area Agencies.

MISSOURI CARE OPTIONS (MCO)

Under then Governor Ashcroft, Missouri implemented legislation to rebalance the focus of long-term care on October 1, 1993. Missouri Care Options was adopted by the General Assembly as a result of a collaborative effort between the Missouri Division of Aging (now the Division of Senior and Disability Services), the Center for the Study of Aging at the University of Missouri-Columbia and the Missouri Alliance of Area Agencies on Aging under a grant funded by the U.S. Administration on Aging. The recommendations of the Missouri Long-Term Care Planning Initiative were adopted through the legislative budget process in an effort to shift public policies to ensure that adults were not entering skilled nursing facilities because of lack of information and/or inability to access care in the home or community.

The Committee made recommendations for state reform of the long-term care system in six general topic areas: No Care Zones: Breaks in the Continuum of Care; Pre-Admission Screening for determination of the appropriate level and setting for Long-term Care; Case Management; Long-term Care Ombudsman Program; the interaction of acute and Long-term Care; and policy reform for nursing facility care. Missouri Care Options was built on the premise that adults facing decisions regarding long-term care should have access to information necessary to make informed choices about the types of care available, provider of care and setting in which they can safely receive care.

As a result of the initiative, revised public policies ensured that individuals considering facility care were screened prior to admission. Adults who were Medicaid eligible, or potentially Medicaid eligible, and considering long-term care were offered home and community based long-term care services. Additionally, state staff, in partnership with facility surveyors and ombudsman volunteers, offered home and community long-term care services to qualified individuals residing in long-term care facilities for whom a safe care plan could be offered in a more independent care setting.

Missouri Care Options reform initiatives were targeted to shift the focus of long-term care delivery and enhance the integrity, independence and safety of Missouri's older adults through access to quality community based long-term care options. The program, aimed at moderating any avoidable growth in Medicaid payments to nursing facilities, has enabled the state to expand home and community based services through increased funding and strengthened the home care delivery network. The early success of Missouri Care Options was based, in part, on an intense screening process that ensured individuals and network partners had information about alternative long-term care options that could be accessed from the home or community.

Missouri Care Options addressed four major challenges within the long-term care system:

1) Reduce the institutional bias of state policy to enhance the ability of the elderly to remain in less restrictive care settings;
2) Stimulate the statewide development of a fuller continuum of long-term care services to provide services based on unmet needs;

3) Improve the coordination of care provided by the variety of service providers and programs; and
4) Ensure that all long-term care services in Missouri provide an adequate quality of care and life in order to protect the health and well being of Missouri seniors.

The strength of the Aging and Disability Network in Missouri has fostered continuous quality improvements and home and community based option expansion over the years. Prescreening efforts have narrowed with current staffing levels to respond only to inquiries from or about Medicaid recipients who need state funded long-term care. The Division of Senior and Disability Services anticipates continued growth in the number of adults who choose to remain in the community – avoiding the cost of state-funded institutional care. Since inception, the state has rebalanced the number of nursing facility residents accessing Medicaid funded long-term care – while seeing an increase in participation in home or community care.

Missouri policy shifts fifteen years ago have substantially slowed the nursing facility growth rate – despite an increase in the number of Medicaid recipients potentially eligible to receive care in a nursing facility. Through increased public awareness and enhanced partnerships, Missouri citizens needing state assistance to pay for long-term care have been able to choose the most appropriate care in the most appropriate care setting—at the right time and cost to the public.

Home & Community Based Care	**FY93**	**FY98**	**FY03**	**FY06**
Medicaid HCS Expenditures (millions) [1]	$33.84	$133.17	$300.79	$334.19
Medicaid HCS In-Home Clients	27,857	45,069	54,505	55,233
Calculated Avg. per client [2]	*$1,215*	*$2,955*	*$5,519*	*$6,051*
Nursing Facility Based Care				
Medicaid NF Expenditures (millions)	$421.30	$609.70	$719.10	$785.40
Medicaid NF Residents	25,582	26,415	24,970	24,282
Calculated Avg. per resident [2]	*$16,469*	*$23,082*	*$28,799*	*$32,345*

[1] HCS expenditures do not include costs associated with Home & Community Based Services administered by the Department of Mental Health, Children's programs, and the AIDS Waiver.

[2] Calculated Averages are for illustration purposes only and are not considered actual/individual "cost" for care – however, are comparable as expenses of the State Medicaid budget.

HOME AND COMMUNITY BASED LONG-TERM CARE SERVICES

Most ill or disabled older Missourians can remain in their own homes and avoid or delay institutionalization with the help of support services. The Division of Senior and Disability Services administers a coordinated, integrated home and community service delivery system to assure that the needs of Missouri's elderly and persons with disabilities are met. Through professional staff serving each of the state's 114 counties and the City of St. Louis, services such as personal care, homemaker, chore, nursing, respite, adult day health care, counseling, and consumer-directed services are made available to the elderly and persons with disabilities in their homes.

Currently, home and community based services are authorized to Medicaid participants age 60 or older and to adults with disabilities between the ages of 18 and 59. Through an assessment

process, the client or consumer, in concert with the division, determines the services necessary to meet the needs of each eligible person. Supplemental funding sources for home and community based services are General Revenue and Social Services Block Grant. Through these programs, just over 60,000 elderly and persons with disabilities are served each year.

To receive Medicaid/state funded in-home services, adults must be "medically eligible" for nursing facility level of care and choose home-based services as an alternative to facility care. Division staff authorizes the following in-home Services:

Basic Personal Care (PC)

Advanced Personal Care

Adult Day Health Care

Medicaid Home Delivered Meals

Implemented in October of 1992, Missouri Care Options was not intended to prevent people from choosing nursing facility care … but to enable Missourians to make informed decisions about care options available to meet long-term care needs -- thereby enabling individuals to choose..

☑ the right care

☑ at the right time

☑ at the right cost to the public… .

Individuals may choose to direct their own personal care, agreeing to personal responsibility for hiring, training, and supervising their personal care attendant. Consumer direction is an available option for adults age 18 years of age or older, who are physically disabled, eligible for nursing facility level of care, Medicaid eligible, have an unmet personal care need, and have the functional ability to self-direct. Consumer directed services include assistance with routine tasks and activities of daily living such as bathing, dressing, bowel/bladder routines, transferring, housekeeping, meal preparation, feeding, and other activities required as a result of the loss of physical function.

Together, in partnership with dedicated state agencies, providers, vendors, facilities, hospitals, and the Aging and Disability Network, Missouri Care Options has offered Medicaid participants institutional care alternatives for fifteen years. As the state prepares for the aging of the baby-boomers, increased public awareness and coordination of activities are needed to ensure that a comprehensive, sustainable system of long-term care—including an array of home and community based services—is accessible for all seniors, adults with disabilities, and their caregivers.

MISSOURI & NETWORK PARTNERS EXPLORE CHALLENGES

With the projected increasing number of older persons, the need to provide services to this segment of the population will become more and more acute. The growth in the size of the elderly population is associated with a major policy issue – the allocation of public resources. The older population requires a disproportionate level of services and share of the public budget. The concentration of persons in the ages where chronic health problems are most common may well overtax the supply of health and social services.

Communities will be challenged to remain viable in the face of continued rural depopulation. Public and private entities will struggle to continue to provide physical, social and healthcare services to an ever-aging population base in the majority of the state. The shortage of caregivers will affect the cost of care. Smaller family size, greater childlessness and increased rates of divorce mean that many baby boomers will have fewer family resources to turn to in their old age. On the other hand, the economic circumstances of many in the baby boom generation may be better than present-day retirees, since greater proportions have college degrees, formal labor market experience and pension coverage.

MISSOURI STATE GOVERNMENT REVIEW COMMISSION

In January 2005, Governor Matt Blunt created the Missouri State Government Review Commission. The Commission was charged with identifying opportunities to restructure, retool, reduce, consolidate, or eliminate state government functions to produce the best and most cost-effective services for Missouri. In an effort to provide the public with the opportunity to participate in the its proceedings, the Commission convened 59 public meetings, in which 233 individuals gave public testimony. The Commission also received 292 letters and e-mails from government agencies and the public. Members of the public were also able to comment through the website. As a result of this input, the Commission considered 563 proposals, which resulted in 84 final recommendations.

Specific to seniors and long-term care, recommendations included: consolidating state help and information lines into a single-entry point of access to state services; examining services provided by the Aging and Disability Network to identify areas that need additional oversight opportunities for administrative cost savings; re-examining the cost formula used to reimburse nursing facilities; implementing a single point of entry process for senior services and pre-admission screenings to ascertain the services needed along the continuum of patient care; and examining outsourcing or privatizing case management services consistent with approval from Centers for Medicare and Medicaid Services. Although many recommendations have been analyzed and refined, the state continues to explore options for improving systems based on the Task Force recommendations.

THE MISSOURI SENIOR REPORT AHEAD OF THE BABY BOOM: MISSOURI PREPARES

In 2006, the State Unit on Aging, in collaboration with University of Missouri – Columbia's Office of Social and Economic Data Analysis (OSEDA), conducted a community level analysis of aging issues and presented the findings in the first annual Senior Report. The Area Agencies coordinated forty-seven town hall meetings across the state to obtain public input about key aging issues in Missouri. A comparative analysis of the county-level data reveals a diverse number of aging issues across the state and offers data for state and local officials interested in targeting resources in accordance with various demographic indicators. The report is organized around two types of indicators: "outcome" and "status" indicators.

- ✧ Outcome indicators involve trend data, seek to measure progress over time, and are designed to reflect efforts to improve outcomes for seniors For each outcome indicator, a county receives a rank, which contributes to its overall outcome ranking.
- ✧ Status indicators present demographic, quality of life and health status measures for a single point in time. They are intended to provide background and contextual information

for the interpretation of outcome measures. The sources for these measures were the 2000 Census from the U.S. Census Bureau and the American Community Survey.

The report ranked each county's outcome indicator and determined an overall county composite rank, resulting in a summary index of the overall well-being of seniors by county. The Senior Report, combined with census and internal data sources, reveals both the needs of seniors and the issues that challenge the Aging and Disability Network in Missouri. Six measures of the overall quality of life among seniors are included as status indicators.

- **Owner-Occupied Housing -** Senior housing needs are more likely to be met if owner-occupied housing is an option. In 2000, Missouri had a higher percent of owner-occupied housing among seniors (79.1%) than the nation overall (77.6%).
- **Seniors Living with Families** - Family life adds to the well-being of seniors. The 2000 Census defines families as two or more related persons living in the same household. In 2000, 61.3% of Missouri seniors lived in family households, compared to the 64.0% nationally.
- **Median Value of Owner-Occupied Housing** - Home ownership is a significant asset for most seniors and the relative value of housing is a useful indicator of county assets. In 2000, the median value of owner-occupied housing in Missouri was $86,900 compared with the median of $111,800 nationally.
- **Seniors in Poverty -** The proportion of seniors living in poverty is a direct measure of economic need. In 2000, the overall poverty rate among seniors in Missouri was 9.9%, which is slightly lower than the 10.9% found across the nation.
- **Average Income of Senior Households -** In 2000, the average income of households headed by seniors in Missouri was $37,822 – lower than the $41,712 average for the nation.
- **Seniors with a College Education –** Individuals with a college education increase the capacity of communities to contribute to the quality of life, both economically and socially. Seniors with higher education tend to volunteer more, contribute more to charities, and are more involved politically. In 2000, 11.8% of Missouri seniors had a college education, compared to the national average of 15.4% across the United States.

The report presents a summary of comparative information about key aging issues for Missouri. Trend data is available for eight indicators. Statewide, Missouri is improving on four indicators, declining on three and shows no change on one. Improvements are noted in workforce participation, transportation, health care access, and crime. Declines occur for measures of health status, household composition for seniors, and long-term care. The indicator of economic well being of seniors shows no change. Trend data for an important senior indicator, social participation, is not yet available. Health and wellness of Missouri seniors can be gauged in many ways. The report presents seven indicators related to health and wellness. These indicators have been selected because preventative practices can be adopted to foster improved health. These wellness measures are from health survey data for which the best estimate available is a multi-county regional measure.

- **Household Composition** - Missouri has a relatively large proportion of seniors living in single person households. Because seniors living alone are more likely to be socially isolated, they often are at increased risk of self-neglect.
- **Economic Well-being** - Based on 2000 Census data, Missouri has a slightly lower

percentage of seniors living in poverty (9.9%) when compared to the national average (10.9%). Additionally, the Bureau of Economic Analysis provides annual estimates regarding low-income individuals and seniors, calculating Supplemental Security Income (SSI) as a percentage of total personal income to create a relative index of economic well-being. In Missouri, Supplemental Security Income payments represent one-third of 1% of total overall personal income, which is right in line with the national average. Because seniors are generally balancing fiscal resources among several competing needs such as nutrition, health care, pharmaceuticals, transportation, and home maintenance, low economic profiles increase the risk for seniors desiring to age in place.

- **Workforce Participation** - Participation of seniors in the Missouri workforce increased from 9.8% in 2001 to 10.9% in 2004. The range of reasons that seniors continue to work is vast; some work because they are not in a financial position to fully retire while others prefer to remain economically and socially engaged.
- **Transportation -** The percent of Missouri seniors with a valid driver's license increased from 76.7% in 2001 to 79.6% in 2005. Sustaining affordable, accessible transportation is a relatively high concern of most seniors. Transportation needs also vary depending on the availability of mass transit or other public transportation. Whatever transportation arrangements seniors make, the lack of a driver's license indicates that transportation is an issue. In counties with lower percentages of licensed senior drivers, transportation is likely to be a more pressing issue than in counties with higher percentages.
- **Health Status** - The measurement of health status in the senior population is particularly challenging because of the wide range of health issues that seniors face. The department compiles, posts on the website, and informs communities of health measures and needs. As a status measure, the department uses "the number of hospitalizations and ER visits for diabetes, averaged over three years per 10,000 seniors. This measure was selected because the number of cases by county is sufficient to produce a reliable rate. Diabetes is related to many other health problems, and effective preventive measures can reduce the incidence of diabetes and related health problems. The rate of diabetes hospitalizations and ER visits per 10,000 seniors in Missouri experienced a slight increase from 68.3 in 2000 to 71.1 in 2003.
- **Health Care Access** - One measure of health care access for seniors is the number of primary care physicians per 1,000 seniors. Overall access improved in Missouri between 2000 and 2004, largely because the number of primary care physicians per 1,000 Missourians increased from the equivalent of 5.1 to 5.5 full-time physicians. Access to primary care is necessary to ensure seniors address health issues and seek preventative care when appropriate.
- **Long-Term Care** - Medicaid expenditures for long-term care are a significant health care cost, for seniors as well as for the state. It has also been an element of many health care reform initiatives. The Senior Report presents per capita Medicaid costs for in-home and institutionalized care services. This annual measure shows the trend in long-term care expenses, which have increased from $122 per capita in 2002 to $147 per capita in 2005 – a 25% increase in three years in unadjusted dollars. (However, because the measure is confounded between counties by differential rates of Medicaid eligibility and differential health care costs, this measure is not used in the construction of the overall county index of senior well-being.)
- **Crime -** At regional planning meetings for the report, participants consistently expressed a

concern about crime and its relation to seniors. Accordingly, the number of property and violent crimes per 1,000 persons is reported as an outcome measure. Overall, the Missouri crude crime rate declined from 48.8 in 2001 to 43.9 in 2005.

Conclusion - The report offers valuable information on the current status of Missouri's senior population and highlights areas of strength and opportunity. It is intended to increase awareness of the demographic issues that will impact Missouri in the next decade and beyond. Communities, policy leaders and individuals are encouraged to use this report as a tool to assess, plan, and respond to the impact of the increasing senior population.

MISSOURI POSITIONS…FOR CHANGE

The senior and disability issues prevalent in Missouri have received support from elected officials over the years. Far in advance of current rebalancing initiatives, Missouri created a system to ensure that low-income seniors and adults with disabilities facing decisions regarding long-term care had adequate information to make an informed choice about care options. Shrewd state leaders saw the wisdom of investing in alternative care in the early 90's. Just under two decades later, national efforts to focus on choices for long-term care options find Missouri with a robust continuum of home and community based care providing services to just over 60,000 seniors and adults receiving Medicaid funded long-term care in a home or community-based setting. Dedicated leadership, bi-partisan support, and an active aging and independent living network provided the catalyst to move Missouri forward in developing a comprehensive system of care that is available and accessible statewide. Additionally, every year over 200,000 seniors receive home delivered meals, legal services, support services, or attend senior centers because of the efforts of the ten Area Agencies on Aging in this state.

This is a record for which Missouri can be proud. Systemic improvements are needed, however, long-term care system to carry Missouri through the age-wave that lies ahead. Federal agencies that provide financial support to the state's long-term care system provide overall guidance to Missouri's Executive Branch include:

The Administration on Aging (AoA) – promoting older Americans' full participation in society, empowering consumers to make decisions about care options, helping seniors stay at home using consumer-directed initiatives and building evidence-based prevention into systems in support of making lifestyle changes that improve health and reduce risk of disease, disability and injury.

The Centers for Medicare and Medicaid (CMS) – encouraging states to focus program reforms on enhancing consumer choice, providing access to reliable information, and urging health promotion in an effort to move individuals toward a healthier state of aging. The Centers for Medicare and Medicaid's Vision is to "ensure effective, up-to-date health care coverage and to promote quality care for beneficiaries and its Mission," and to "achieve a transformed and modernized health care system by continuing to transform and modernize America's health care system."

The Centers for Disease Control (CDC) – stands ready to build the future of public health in the 21st century and ensure the greatest positive health impact for all. CDC's Vision for the 21st Century is: "Healthy People in a Healthy World—Through Prevention" and its Mission

is: “To promote health and quality of life by preventing and controlling disease, injury, and disability.”

Substance Abuse and Mental Health Services Administration (SAMHSA) – increasing state commitment to assure people of all ages, with or at risk for mental or substance use disorders, have the opportunity for a fulfilling life that includes a job/education, a home, and meaningful personal relationships with friends and family. SAMHSA’s Vision is: "A Life in the Community for Everyone” and its Mission is: "Building Resilience and Facilitating Recovery".

Office of Special Education and Rehabilitative Services (OSERS) – improving results and outcomes for people with disabilities of all ages through a wide array of supports to parents, individuals, school districts and states in the areas of special education, vocational rehabilitation and research. OSERS’s Mission is “to provide leadership to achieve full integration and participation in a society of people with disabilities by ensuring equal opportunity and access to, and excellence in, education, employment and community living.”

Federal priorities have created a common purpose among various state agencies: to improve quality of life for Missourians – including seniors – through systems redesign. Under the leadership of Governor Matt Blunt, collaboration among the executive branch is expected to ensure that Missouri government is efficient, accountable, effective, cost-conscious and transparent to its citizens. The premise for all programs, services and systems design is in the best interest of the citizens of Missouri – including the elimination of waste, fraud and systems abuse.

Interagency collaboration among division directors with responsibility for protection and long-term care services ensures coordinated efforts will maximize state resources to modernize long-term care services and supports in Missouri. Together, the directors will refine the focus of Missouri Care Options, expanding the assurances for self-determination and the ability to make informed choices to all Missourians considering long-term care. Coordinated focus and resource collaboration among state agencies and the respective agency partners: consumers, clients, beneficiaries, patients, advocates, providers, caregivers, vendors, facilities, associations and all who have an interest in modernizing the long-term care system in Missouri will enable systems rebalancing. State agencies sharing initiatives, grant opportunities, best practices in technology, health care, aging, chronic care, and evidence-based practices, as well as evaluation of innovative solutions, will strengthen the system of care for every Missouri resident – regardless of the age, disability, care setting, ability to pay, or degree of need.

The State Plan on Aging includes feedback from partners in the Aging and Disability Network, comments from partners and the public at various public meetings, direct comments on the department’s Strategic Plan website, quarterly Provider/Vendor meetings, legislative hearings, as well as through collaboration with sister state agencies. Specific to the past two years, input has been obtained from seniors, caregivers, families, network partners, legislators, providers, vendors and the public as part of various surveys and during over 150 formal public hearings conducted by state designated entities such as the Government Reorganization Commission, the Missouri Medicaid Commission, the Mental Health Task Force, the Interagency Committee on Special Transportation, the Missouri Housing Development Commission, and the State’s first annual Missouri Senior Report. The State Unit on Aging will continue to obtain input regarding planning and policy decisions through formal presentation of the plan at the Aging Summit (September 2007); participating in the Mental Health Transformation Public Hearings (August

and September 2007); public hearings on long-term care rebalancing initiatives; and by posting the State Plan on Aging on the department's website.

DEPARTMENT OF HEALTH & SENIOR SERVICES STRATEGIC PRIORITIES

➔ ***Vision – Healthy Missourians for life***

Each Missourian has a right to a healthy life, and a responsibility to make choices to enable life long health. The department is committed to ensuring that Missourians have access to information and services that result in good health. Individuals with deteriorating functional abilities due to uncontrollable circumstances such as abuse, neglect, exploitation, age, or physical and/or mental disease often need varying degrees of assistance.

➔ ***Mission – To be the leader in promoting, protecting and partnering for health***

Designated both the state health organization and state agency on aging, the department promotes health and protects the citizens of Missouri through partnerships that are broad and inclusive. Promotion, protection and network partnerships related to issues of seniors and adults with physical disabilities in need of long-term care are the responsibility of the Division of Senior and Disability Services.

In 2005, the Department of Health and Senior Services and its partners engaged in a highly interactive planning and visioning process geared toward achieving breakthrough health improvement for Missourians. A framework for the 2005 through 2009 Strategic Plan emerged. The plan is a working document intended to respond to the trends that shape the environment. Department of Health and Senior Services employees and partners were engaged via focus groups, employee "brown bag" luncheons, and through the website. Hundreds of employees and partners accessed the website to engage in the process. Nine focus groups with participation from 60 citizens and partners were conducted to obtain specific information pertinent to the department and its relationships with partners. Through the focus groups, five prevailing trends were identified:

- Rising healthcare costs and decreasing access to care;
- Lack of comprehensive and integrated approach to health;
- Lack of personal and community responsibility for health;
- Increasing aging population with multiple chronic illnesses; and
- Leading causes of death continue to result from unhealthy lifestyle choices and preventable illnesses.

Three cross cutting goals mark the direction of progress under the strategic priorities of the department: Missouri markets for health; Missouri motivates for health; and Missouri models health. Ongoing activities within the Department of Health and Senior Services and through its partnerships are advancing Missouri toward meeting its mission of promoting, protecting, and partnering for health. Objectives within the Department of Health and Senior Services Strategic Plan 2005-2009 align with the priorities of the Department of Health and Human Services –

specifically as they relate to the strategic plans of the Center for Disease Control and Administration on Aging.

#1 – Increase Missourians' Awareness of, Commitment to and Investment in Health

Health is a personal responsibility, and individuals must take ownership of nutrition, activity, vaccinations and health maintenance. Individuals need to know about personal health and the health of their family, and communities need to create opportunities for health and remove barriers to health access. Employers must identify ways to help the workforce maintain and improve health, and the government must create innovative incentives for health. The Department of Health and Senior Services focuses on marketing health, motivating others to improve and maintain health, and modeling health to increase Missouri's awareness of, commitment to and investment in health.

The Division of Senior and Disability Services participates in the department's leadership of the Special Needs Populations Task Force created by the Missouri Disaster Recovery Partnership under the direction of the State Emergency Management Agency (SEMA) in planning for populations determined to be at high risk during disaster response. The task force, including representation of the Area Agency's directors, multiple public, private and consumer partners, has developed Annex X for the State Emergency Operations plan to include a local planning template. Annex X is the standard operating guide for the Department of Health and Senior Services and the Division of Vocational Rehabilitation. Department of Health and Senior Services recently distributed the Disaster Preparedness Planning Template for Adult Care Facilities and a video "The ABC's of Emergency Preparedness: Ready in 3 for Adult Care Facilities" to increase awareness about the unique needs of Missouri's adult population and to encourage facilities to plan in advance of emergency situations.

The Division of Senior and Disability Services collaborated with the Aging and Disability Network, university partners, and organizations to publish the first annual *Senior Report*[19] to provide information to increase awareness of the demographic issues that will impact Missouri in the next decade and beyond. Communities, policy leaders and individuals are encouraged to use this report as a tool to assess, plan and respond to the impact of the increasing senior population.

The Division of Senior and Disability Services participated in the Missouri Pandemic Planning Summit, hosted by the department in collaboration with the Governor's Office and the Department of Health and Human Services. Twelve subcommittees worked to develop Missouri's operational plan for storage, distribution and related decisions associated with influenza and antiviral drugs. Division staff also participates in statewide Strategic National Stockpile drills.

The Division of Senior and Disability Services also has developed an Emergency Response plan for statewide activities related to seniors and adults with disabilities living in the community. As part of the department's Center for Emergency Response and Terrorism (CERT), Division of Senior and Disability Services, in collaboration with the Elder Abuse Hotline Unit, operates the station responsible for coordinating activities and responding to the needs of seniors and adults with disabilities during an emergency. The division participates in local and statewide drills and continuously works to improve operations plans to maximize the potential safety of adults and seniors during an emergency event.

The Division of Senior and Disability Services is also participating with the departments of Social Services and Insurance, Financial Institutions and Professional Registration in the "*Own your Future*" campaign to increase awareness among individuals nearing retirement about the importance of planning for long-term care. Subsequent to the Gubernatorial kickoff, fourteen public awareness meetings will be held in the evening across the state with panels answering questions about long-term care and options and benefits available in Missouri for individuals interested in planning for their own care.

#2 – Create System Level Transformation of Health Improvement & Health Care Delivery

> Personal health is impacted in part by access to appropriate health care and health information throughout our lives. Working across many health systems and communities is necessary to move toward a holistic and more efficient health system, seeking opportunities for system level change so that not only health, but also health systems will be transformed. The Department of Health and Senior Services is striving to improve the way Missouri functions through information systems, communication, financing and funding, access and delivery—even the overall concept of our health.

The Division of Senior and Disability Services participated in the development of the executive plan and legislative debates that led to passage of legislation that will transform Missouri Medicaid to MO HealthNet. The division participates in monthly meetings with the MO HealthNet Division to maximize implementation of transformation for Aged, Blind, and Disabled Medicaid recipients.

The Division of Senior and Disability Services has been designated to lead state efforts to rebalance the long-term care system of supports and services in Missouri. For just over fifteen years, the Division of Senior and Disability Services has administered policies under the Missouri Care Options legislation to ensure that individuals facing decisions about long-term care have access to information necessary to make informed choices. Through systems-level reform, lessons learned through the operation of Missouri Care Options will lead the state to implement systems that empower self-control in decisions regarding long-term care.

The Division of Senior and Disability Services has partnered with the Division of Community and Public Health to expand the reach of the Chronic Disease Self-management Program to target older adults. The goal is to enable persons with chronic illness to manage their medications properly, understand and monitor symptoms more effectively and change behavior as needed.

The Division of Senior and Disability Services has upgraded the Elder Abuse Hotline telephone system to increase capacity and staff responsiveness and enhance operation of the statewide toll-free information and assistance line.

The Division of Senior and Disability Services and the Area Agencies partner with the Alzheimer's Association to enhance the array of services available to seniors and adults suffering from Alzheimer's type dementia. In addition to General Revenue supporting services provided through the Alzheimer's Association, the Missouri legislature also appropriated funds for *Memory Care*, to assist families caring for a loved one with dementia or other memory impairments, such as Alzheimer's disease. Customized, hands-on training for caregivers in skills for managing challenges posed by dementia transforms homes into places of safety and comfort through new behavioral techniques.

The Division of Senior and Disability Services encourages Area Agency collaboration with Department of Health and Senior Services Office of Rural Health and partnership with the Missouri Rural Health Association, a non-profit, grass roots, and member-driven organization. Its mission is to safeguard and improve the health of rural Missourians by engaging in partnerships and providing leadership on rural issues through advocacy, communication, education, and research.

#3 – Shift the Focus Toward Prevention & Wellness

Wellness and prevention of injury, illness, and premature death are keys to assuring healthier Missourians. Health improvement involves cultural, organizational, governmental, and systemic shifts toward prevention and wellness to assure life long health for Missourians. Individuals, communities, businesses, and government can partner to shift the focus from acute illness and disease to prevention and wellness, creating a culture of health and wellness through good nutrition, physical activity, supportive policy, favorable environments, and healthy habits.

The Division of Senior and Disability Services is partnering with the Jewish Federation of St. Louis, recipient of the Administration on Aging funded demonstration project, *Naturally Occurring Retirement Communities* (NORC). This initiative is intended to test innovative strategies for empowering seniors as they age in their community. The state has partnered on this project since its initial award in 2003-2004. Their mission is to enable older adults to stay in their homes and community for as long as they can with the supports they need to be healthy, safe, engaged citizens. In its vision to create an environment that nurtures healthy aging for its residents and inspires them to work toward health, St. Louis Park funds several health and wellness initiatives through lectures, printed materials, and videos.

The Division of Senior and Disability Services is partnering with the Division of Community and Public Health to increase efforts to incorporate evidence-based practices into outcome and performance measures for providers of long-term care, participating in a workshop for state and local teams to oversee strategies for improved quality of life.

The Division of Senior and Disability Services is participating in development of the *Falls Prevention Project* targeted to the counties that have high rates of emergency room visits and hospitalizations associated with injuries sustained in a fall. Of the forty-seven counties who qualify based on data, fourteen have inquired about the program and seven two-year contracts will be awarded. Funds offer those participating in the pilot seed money for paying a Falls Coordinator in the first/second year(s) while developing an action plan to sustain the efforts to prevent senior falls through education and increased awareness. *OASIS* is collaborating with the St. Louis Area Agency on Aging and the department to incorporate community programming in line with the initiative, offering train-the-trainer programs through the *Free from Falls* program. Additionally, the *Missouri Alliance for Home Care* implemented a multi-disciplinary fall reduction benchmarking project specific to home health, identifying patients at risk for fall.

#4 – Maximize Resources

Every organization has an opportunity to maximize resources. As Missouri's health and aging agency, the department is tasked with working for the health of all Missourians. This is accomplished through good stewardship of public resources. Effective and efficient resource management requires continuous quality improvement efforts. Department goals to

efficiently manage resources include: achieving optimal productivity, efficiency and effectiveness; enabling electronic access to all information; and continuous improvement and innovation of programs and services.

The Division of Senior and Disability Services is consistently working with partners to fill gaps in the continuum of care that enable individuals needing long-term care to remain in their home or community. Care provided in the home or community has less restriction for the participant and is less costly to the state Medicaid budget.

- ✧ Under the passage of legislation in 2006 creating a new Assisted Living Facility licensure category (SB 616), the Departments of Health and Senior Services and Social Services have worked to submit a Medicaid 1915c Home and Community Based Waiver proposal, creating a new assisted living service in Missouri for these residents. The new service is intended to reimburse assisted living facilities for extra care provided to individuals living in an assisted living facility that are eligible to enter a skilled nursing facility at a greater cost to the state. This new service reimbursement will provide elderly and disabled individuals who require both 24-hour oversight and assistance with Activities of Daily Living and Instrumental Activities of Daily Living a less restrictive option for care when it is no longer possible to live independently.
- ✧ Missouri was also one of seventeen states to receive first round funding under the Money Follows the Person grant authorized by the 2005 federal Deficit Reduction Act to assist in rebalancing long-term care. Through the Money Follows the Person grant, Missouri will receive a higher federal match for home and community based care and transition services provided to qualified residents moving from a facility to a community based care setting. The grant, administered by the Department of Social Services, MO HealthNet Division (as the single state Medicaid agency), was a collaborative effort that also includes the Department of Mental Health. All grant partners, including Area Agencies on Aging, will provide information and assistance to help support individuals in the transition from institutional to quality community settings consistent with their individual support needs and preferences. These efforts are anticipated to assist 250 individuals move to the community from state-run habilitation centers and skilled nursing facilities. Participants will receive enhanced services throughout the transition and ongoing care through Medicaid-funded home and community based care options.
- ✧ Missouri was the recipient of a grant from the Administration on Aging to expand the availability and type of care targeted to individuals with dementia. The division will contract with the four Missouri Alzheimer's Association chapters to expand care and implement new initiatives such as: learning forums that provide adult education for individuals with early memory loss, respite care, incontinence supplies and safety products, as well as expanding education programs designed to assist caregivers with determining appropriate care options and best practices for caring for Alzheimer's patients.
- ✧ *The Division of Senior and Disability Services* received a Real Choice Systems Change Grant for Quality Assurance/Quality Improvement in 2003. Through partnership with the University of Missouri – Columbia, 9,000 consumer satisfaction surveys were conducted in 2006 and early 2007. Information from these surveys is being used to guide systems redesign discussions, training and educational efforts, and enable the state to examine current system effectiveness compared to consumer opinion of service delivery.

Throughout the duration of the State Plan on Aging, the Division of Senior and Disability Services in collaboration with sister state agencies, will continue to examine ways to increase effectiveness, maximize resources, and enhance consumer satisfaction with care.

The Division of Senior and Disability Services is working to increase efficiencies through enhanced technology and has been allocated funds from Missouri's Health Care Technology Fund to enhance systems and operations. Currently in the process of obtaining/evaluating competitive proposals to provide network solutions for data management, the State Unit on Aging hopes to improve internal systems, easing processes to track participants and streamline state agency functions. The new system will automate and integrate Division of Senior and Disability Services activities, including intake, workflow management, client record retention, service authorization, reporting capabilities, provider data maintenance, complaint and investigation trends, consumer satisfaction, information and referral – eventually providing virtual network access by providers, for increased efficiencies and better management of health care.

The Division of Senior and Disability Services, in collaboration with the MO HealthNet Division, has applied for an automation grant through the Centers for Medicare and Medicaid to automate prior authorization of home and community based services for Medicaid funded care through the *SmartPA* process. Availability for prior authorization by a participant's "Health Care Home", as outlined in the new MO HealthNet blueprint, will substantially ease access to community based care, allowing participants eligible for facility care to remain in the community. The process provides a potential framework for tracking all care provided to seniors, regardless of funding source.

The Division of Senior and Disability Services has committed to partnering with the United Way of Greater St. Louis' plan to expand *211* services to all Missouri counties by coordinating databases and information by 2011. Currently, Heart of America United Way offers *211* information services within sixteen counties in western Missouri.

STATE PLAN ON AGING
GOALS, OBJECTIVES, & STRATEGIES

Division of Senior and Disabilities as the designated State Unit on Aging administers the Missouri State Plan on Aging in accordance with the provisions and requirements of the Older Americans Act, state laws, and state and federal regulations. Under the leadership of Governor Blunt, Missouri has made important strides in systems redesign—better positioning Missouri to face the challenges associated with the anticipated increase in the aging population. Together with sister state agencies, Area Agencies on Aging, and various partners within the Aging and Disability Network, Division of Senior and Disability Services will lead the state in transforming the protective and long-term care systems of supports and services.

➔ *Vision – Safe, Supportive, Sustainable, Protective & Long-term Care Systems in Missouri*

➔ *Mission – To promote dignity and respect for individuals at risk of abuse, neglect, exploitation or loss of independence and to provide leadership, funding, technical support and oversight of the collaborative efforts of State Executives, Legislators, and the Aging and Disability Services Network in Missouri to create a reliable continuum of protection and quality long-term care*

The Division of Senior and Disability Services will continue toward its mission by striving to achieve a safe, supportive, and sustainable protective and long-term care system within Missouri. Using the State Plan on Aging as a roadmap, the State Unit on Aging will strengthen its role managing and implementing state and federal goals ensuring those who are providing services in Missouri are committed to delivering care within a high-value health and long-term care system. A strong, support system will give Missouri citizens confidence for assuming responsibility for health care decisions by providing information through a strong statewide coalition of state agencies that have the benefit of a committed Aging and Disability Network dedicated to creating a safe haven in Missouri.

Five goals of the State Plan on Aging reflect the observations, recommendations, and concerns expressed during public forums conducted in various venues and reflect the overarching issues of state agencies, Area Agencies on Aging, and the Aging and Disability Network. Strategies linked to each objective identify actions steps for achieving objectives directly linked to the strategic plans of both the Department of Health and Senior Services and the Administration on Aging.

1. A system of advocacy and intervention protects seniors and adults with disabilities that are unable to protect their own interests – including nursing facility residents.

1.1. Increase protection of seniors and adults with disabilities through strengthened legislative authority, increased collaboration among state agencies and the Aging and Disability Network, and multi-disciplinary partnerships.

1.1.1. Establish a state level multi-disciplinary council to coordinate public policy intended to protect seniors/adults with disabilities by 2009.

1.1.2. Promote legislation increasing authority for intervention to protect seniors and adults with disabilities who are unable to perform tasks or access services needed to live independently (ongoing).

1.1.3. Establish four public and private multi-disciplinary partnerships within the community to assist victims of abuse/neglect/financial exploitation by 2011.

1.2. Strengthen protection and intervention through evidence-based policies and enhanced staff training.

1.2.1. Complete an internal review of intervention efforts and identify resources needed to effectively intervene in cases of suspected abuse/neglect/exploitation of seniors and adults with disability (February 2008) and incorporate internal review findings into agency policies and training agendas (beginning August 2008).

1.2.2. Establish best practices for multidisciplinary intervention teams to assist victims of abuse/neglect/financial exploitation by July 2009.

1.2.3. Coordinate activities of Adult Protective Services, Legal Services, Long-term Care Ombudsman, Contract Oversight, Family Care Safety Registry, and Employee Disqualification Unit to enhance protection (ongoing – begin 2008).

1.2.4. Enhance Quality Assurance and oversight efforts to protect the health and safety of MO HealthNet (Medicaid) participants (ongoing – begin 2007).

1.2.5. Represent senior issues during the Mental Health transformation initiative and subsequent policy initiatives (ongoing).

1.2.6. Release MO $afe video targeted to self-protection from financial exploitation (August 2008).

2. Long-term care supports and services provide Missourians access to affordable, high-quality, consumer and caregiver-focused system of care that promotes independent living for as long as possible.

2.1. Establish a coordinating council of state agencies to manage rebalancing activities.

2.1.1. Develop guiding principles for long-term care reform that are consumer-centered; support independent, informed decisions; and personal responsibility (July 2008).

2.1.2. Integrate implementation of MO HealthNet into long-term care reform design efforts (July 2008).

2.1.3. Identify the existing continuum of care and the resources anticipated to maintain services and supports (February 2008).

2.1.4. Develop and explore innovative programs and supports to strengthen the continuum of care to enable seniors and adults with disabilities to remain in the community for as long as possible (May 2008).

2.1.5. Identify barriers that prevent individuals and community groups from volunteering to care for seniors (January 2010).

2.1.6. Explore the use of telemedicine as a vehicle to improve health care (May 2008).

2.1.7. Define "quality of care" expectations for Missouri and identify incentives to increase quality of care (May 2008).

2.1.8. Develop incentives for partners implementing innovative initiatives that expand long-term care options, enhance quality of care, reduce costs of care, or identify alternative long-term care funding streams (2008-2009).

2.2. Strengthen the financial solvency of long-term care services and supports.

2.2.1. Revitalize Missouri Care Options –community living through increased care, caregiver support, housing, transportation, and health care (January 2010).

2.2.2. Increase public awareness of private-pay care options and identify alternative funding options for long-term care services and supports (ongoing – begin 2008).

2.2.3. Ensure Older Americans Act funded services are targeted to older individuals with greatest social/economic need (low-income/minority older individuals, limited English proficiency, and rural Missourians) that are most at risk of institutionalization (ongoing – incorporate into 2008 area plan proposals).

2.3. Partner with health and independent-living professionals and the Aging and Disability Network to maximize quality of life for persons with chronic-stable conditions.

2.3.1. Identify core set of evidence-based best practices for chronic care management and assistive technology that maximizes independence (ongoing).

2.3.2. Implement one best practice from pilot initiatives such as *Chronic Disease Self-Management* and *Falls Prevention* by January 2009.

2.4. Increase collaboration with Aging and Disability Network partners to strengthen the continuum of home and community based care options.

2.4.1. Establish two formal partnerships between local public health agencies and Area Agencies on Aging with a focus on decreasing health disparities of minority and rural Missourians needing long-term care (June 2009).

2.4.2. Increase participation from the Aging and Disability Network in regular state and local emergency preparedness exercises (ongoing).

2.4.3. Support/assist the Area Agencies on Aging in modernizing senior services and supports (ongoing – begin November 2007).

2.4.4. Collaborate to strengthen transportation options enabling seniors to get places they need to go and housing options allowing seniors to have alternatives for community living – especially rural Missouri (ongoing).

2.4.5. Expand the network of partners that provide long-term care services and the array of home and community based care options (ongoing).

2.4.6. Establish a "one-stop health shop" team comprised of community-based partners and state agencies by December 2008.

3. Missouri seniors and persons with disabilities maintain health and independence by making informed decisions about health and long-term care using accurate, accessible information about long-term care services and supports.

3.1. Establish a Comprehensive Entry Point that enables all seniors, adults with disabilities, caregivers and professionals access to information about long-term care support and services in Missouri.

3.1.1. Coordinate data systems with the statewide "211" social services information system development efforts of the United Way (ongoing through 2011).

3.1.2. Enhance the Information and Assistance System in Missouri through enhancement of intake software (December 2008).

3.1.3. Design a plan for coordinating information regarding state, federal, and private funded long-term care resources that currently exist within various state agencies and throughout the Aging and Disability Network (December 2008).

3.2. Motivate Missourians to seek information and change behaviors to improve quality of life, personal and family health, and protect the personal finances once long-term care is needed.

3.2.1. Increase collaboration with the Division of Community and Public Health to target market information to seniors regarding evidence-based value of healthy lifestyle choices, chronic care improvement programs, exercise, and nutrition, enhancing opportunities to decrease health disparities of minority seniors, rural Missourians, and individuals needing long-term care (ongoing).

3.2.2. Encourage active participation in programs that promote healthy aging, increasing individual awareness about health, medical conditions and treatments – allowing individuals to take a more active role in health care decisions (ongoing).

3.2.3. Increase contacts with seniors and their families in settings where important long-term care decisions are made (ongoing).

3.3. Enhance long-term care supports and services for informal caregivers.

3.3.1. Collaborate with community-based private-pay long-term care providers to increase caregiver supports and resources (ongoing).

3.3.2. Ensure that the Comprehensive Entry Point System targets information needed by informal caregivers (2008).

4. Disaster response plans of state agencies and the Aging and Disability Network maximize protection of seniors and persons with disabilities receiving long-term care.

4.1. Enhance emergency response planning on behalf of Special Populations to guide operations during both natural and man-made disasters.

4.1.1. Participate in the Special Needs Population Task force, implementing best practices for maximizing protection of seniors during emergencies (ongoing).

4.1.2. Amend State Emergency Response Plan, Annex X, as necessary to reflect best practices related to disaster recovery for Special Needs Populations (ongoing).

4.1.3. Continue to participate in development/enhancement of the state Public Health Emergency Preparedness/Response Plan for Pandemic Influenza (ongoing).

4.2. Implement systems that maximize protection of seniors and adults with disabilities during and after disasters.

4.2.1. Establish minimum expectations for contractors, Area Agencies on Aging and licensed facilities in response to state-declared disasters (by May 2008).

4.2.2. Provide seniors and adults with disabilities with tools necessary to create individual safety plans (ongoing).

4.2.3. Explore the feasibility of maintaining a voluntary Special Needs Registry to be used by during disaster recovery efforts to maximize protection of seniors and adults with disabilities who are self-identified as being at increased risk during emergencies (by May 2008).

5. Efficient management and increased public awareness maximize state and federal resources dedicated to protecting and serving seniors and persons with disabilities across state agencies.

5.1. Create a culture of caregiving within the community.

5.1.1. Encourage community partnerships that support family and friends who are caring for seniors (ongoing).

5.1.2. Encourage communities to recruit seniors to participate in volunteer activities (ongoing).

5.2. Promote independence and self-reliance.

5.2.1. Increase collaboration between the Centers for Independent Living and Area Agencies on Aging in support of personal independence (ongoing).

5.2.2. Increase public awareness of products and services that help individuals with decision-making and system navigation, personal and family planning tools for emergency response, and in planning for future family long-term care needs (ongoing).

5.2.3. Maximize tax incentives for individuals that private-pay for care and caregivers who volunteer support of family or friends in need of help (August 2010).

5.2.4. Establish incentives for individuals that purchase long-term care insurance and assist in expanding the Missouri Long-term Care Partnership Program (ongoing).

5.2.5. Facilitate the concept of lifelong learning for seniors by increasing awareness about free and reduced education costs at colleges and universities (ongoing).

5.2.6. Increase computer access and training for seniors.

5.3. Promote healthy aging.

5.3.1. Facilitate collaboration of health professionals and Area Agencies to implement evidence-based health promotion/disease prevention programs (ongoing).

5.3.2. Market “health messages” into senior services (August 2009)

5.3.3. Support public messages regarding Medicare prevention programs and participation in Medicare Part-D enrollment (ongoing).

5.4. Maximize state and federal resources intended to support the infrastructure of care for seniors and adults with disabilities.

5.4.1. Redesign information systems to ensure accountability, manage capacity, track participation, and monitor quality of care and expenditures (August 2009).

5.4.2. Implement electronic authorization of services for all funding streams (June 2009)

5.4.3. Expand systems capacity to allow electronic communications with Aging and Disability Network partners (August 2009).

5.4.4. Update the funding formula to reflect the requirements under the reauthorization of the Older Americans Act in 2006 (June 2008).

STATE PLAN ON AGING
OUTCOMES & PERFORMANCE MEASURES

Annual plan reviews may require adjustments to timelines and/or performance measures. Plan reviews will incorporate feedback of Area Agencies, Aging and Disability partners – and incorporate executive or legislative initiatives that impact the work of the State Unit on Aging. Successful implementation of the State Plan on Aging is anticipated to have the following impact by 2011 (unless otherwise indicated):

Goal #1 – A system of advocacy and intervention protects seniors and adults with disabilities that are unable to protect their own interests -- including nursing facility residents.

- State level Coordinating Council directs public policy to increase protection of seniors/adults.
- Four local multi-disciplinary teams advocate for victims of abuse, neglect and exploitation.

Goal #2 - Long-term care supports and services provide Missourians access to affordable, high-quality, consumer and caregiver-focused system of care that promotes independent living for as long as possible.

- Increase satisfaction with home and community based service by 5% (2007-2011).
- Increase self-directed home and community based participants by 10% (2008-2011).
- Increase the array of self-directed home & community based care options by 25% (2008-2011).
- Increase the percentage of seniors and adults with disabilities accessing home and community based services by 15% (2008-2011).
- Expand nutrition service access at nutrition sites by 10% each (2008-2011).
- Increase the number of community-based sites that incorporate evidence-based disease and disability programs by 10% (2008-2011).

Goal #3 - Accurate information and easy access to long-term care services enable Missouri seniors and persons with disabilities to maintain health and independence and make informed decisions about health and long-term care options.

- Increase private-pay participation in home and community based care by 20% (2008-2011).
- Reduce the percent of caregivers that report difficulty in getting services to 30%.
- Increase the number of caregivers accessing services by 10% (2007-2011).
- Increase the number of individuals accessing information through coordinated systems by 20% (2007-2011).

Goal #4 - Disaster response plans of state agencies and the Aging and Disability network maximizes protection of seniors and persons with disabilities receiving long-term care.

- Increase participation by Aging and Disability Network partners in preparedness drills by 10% (2007-2011).

Goal #5 - Efficient management and increased public awareness maximize state and federal resources dedicated to serving seniors and persons with disabilities across state agencies.

- 80% of Home and Community based Providers/Vendors have capacity to communicate electronically – entering information necessary to authorize care.

Strategic Plan Crosswalk

Missouri State Plan on Aging Goals	**DEPARTMENT OF HEALTH & SENIOR SERVICES PRIORITIES**			
#1 – A system of advocacy and intervention protects seniors and adults with disabilities that are unable to protect their own interests -- including nursing facility residents. *#2* - Long-term care supports and services provide Missourians access to affordable, high-quality, consumer and caregiver-focused system of care that promotes independent living for as long as possible. #3 - *Accurate information and easy access to long-term care services enable Missouri seniors and persons with disabilities to maintain health and independence and make informed decisions about health and long-term care options.* #4 - *Disaster response plans of state agencies and the Aging and Disability network maximizes protection of seniors and persons with disabilities receiving long-term care.* *#5 - Efficient management and increased public awareness maximize state and federal resources dedicated to serving seniors and persons with disabilities across state agencies.*	*Increase Missourians' Awareness of, Commitment to and Investment in Health*	*Create System Level Transformation of Health Improvement & Health Care Delivery*	*Shift the Focus Toward Prevention & Wellness*	*Maximize Resources*
Administration on Aging Goals				
#1 - Empower Older people, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options	**3.1**		**4.1**	
#2- Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers	**2.2**	**2.3**	**5.1**	**5.4**
#3 - Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare	**3.2**	**2.4**	**3.3**	**5.2** **5.3**
#4-Ensure the rights of older people and prevent their abuse, neglect and exploitation	**1.1**	**1.2**	**4.2**	
#5- Maintain effective and responsive management				**2.1**

FUNDING ALLOCATION

SUMMARY DATA FFY 2006					
	Total Funds Expended		Units Served		Unduplicated Persons Served
Transportation	4,435,529		781,731		24,253
Assisted Transportation	19,388		1,202		149
Information & Assistance	629,579		100,501		*
Homemaker	1,322,708		119,136		2,179
Legal	243,469		7,761		2,295
Adult Day Care	171,679		20,159		119
Case Management	585,705		26,708		7,463
Outreach	31,178		841		*
Personal Care	275,965		25,510		487
Public Ed & Information	146,037		1,372		*
Respite	231,199		21,931		228
In-Home Visiting	12,400		1,640		213
Congregate Meals	13,593,380		2,977,563		97,905
Home Delivered Meals	27,003,037		5,128,411		38,850
Disease Prevention & Health Promotion	527,370		96,773		55,901
Family Caregiver	2,837,560		173,238		43,823
Ombudsman	761,602		**		**

*Unduplicated-person information is not collected for these services

**Unduplicated-persons and unit information is not collected for this service

.

SERVICE DELIVERY TO MINORITY INDIVIDUALS
FFY 2006

	Total Served	Minority Served	% Minority
Congregate Meals	**97,905**	3,585	3.66
Home Delivered Meals	**38,850**	3,819	9.83
Various Supportive Services*	**10,397**	743	7.15

* Sample of various Supportive Program services as reported on the federal report includes: personal care, homemaker, day care, assisted transportation, and case management.

SERVICE DELIVERY TO RURAL INDIVIDUALS
FFY 2006

	Total Served	Rural Served	% Rural
Congregate Meals	**97,905**	65,490	66.89
Home Delivered Meals	**38,850**	17,475	44.98
Various Supportive Services*	**10,397**	6,363	62.09

* Sample of various Supportive Program services as reported on the federal report includes: personal care, homemaker, day care, assisted transportation and case management.

PROJECTED EXPENDITURES FFY 2008 - 2012					
	FFY 08	**FFY 09**	**FFY 10**	**FFY 11**	**FFY 12**
Transportation	4,435,529	4,435,529	4,435,529	4,435,529	4,435,529
Assisted Transportation	19,388	19,388	19,388	19,388	19,388
Information & Assistance	629,579	629,579	629,579	629,579	629,579
Homemaker	1,322,708	1,322,708	1,322,708	1,322,708	1,322,708
Legal	243,469	243,469	243,469	243,469	243,469
Adult Day Care	171,679	171,679	171,679	171,679	171,679
Case Management	585,705	585,705	585,705	585,705	585,705
Outreach	31,178	31,178	31,178	31,178	31,178
Personal Care	275,965	275,965	275,965	275,965	275,965
Public Ed & Information	146,037	146,037	146,037	146,037	146,037
Respite	231,199	231,199	231,199	231,199	231,199
In-Home Visiting	12,400	12,400	12,400	12,400	12,400
Congregate Meals	13,593,380	13,593,380	13,593,380	13,593,380	13,593,380
Home Delivered Meals	27,003,037	27,003,037	27,003,037	27,003,037	27,003,037
Disease Prevention & Health Promotion	527,370	527,370	527,370	527,370	527,370
Family Caregiver	2,837,560	2,837,560	2,837,560	2,837,560	2,837,560
Ombudsman	761,602	761,602	761,602	761,602	761,602

Approved Direct Delivery of Case Management Services	***Southwest***	***Southeast***	***District III***	***Northwest***	***Northeast***	***Central***	***MARC***	***Mid-East***	***St. Louis***	***Region X***
Title III	✓	✓	✓			✓		✓		✓
Family Caregiver	✓		✓	✓		✓	✓	✓		✓

Funding Allocation Plan
Area Agency Funding Formula (Effective for State Fiscal Year 2008)

The formula has been developed using the following factors and weights; Data Source:

(A) Number of individuals 60 and over = 25% 2005 Census Estimates

(B) Number of individuals 60 and over below poverty = 25% 2000 Census

(C) Number of minority individuals age 60 and over below poverty = 25% 2000 Census

(D) Number of individuals age 60 and over in greatest social need = 25%

Sub-factors of greatest social need category for individuals age 60 and over…

Mobility and/or self-care limitation	= 6.25%	2000 Census
Limited English	= 6.25%	2000 Census
Minority	= 6.25%	2000 Census
Rural	= 6.25%	2000 Census

Area Agency on Aging	*Factors* → Number of Individuals Age 60 and Over…				
		and below Poverty	and Minority, below Poverty	in Greatest Social Need	Allocation Percentage
	Weight → *25%*	*25%*	*25%*	*25%*	*= 100%*
Mid-East	284,211	13,480	2,690	144,248	**22.28**
M.A.R.C.	172,860	11,680	4,080	106,927	**14.81**
St. Louis	56,052	9,930	6,575	58,529	**6.57**
Southwest	133,494	12,985	525	123,197	**13.54**
Central	109,508	9,790	670	109,699	**11.51**
Southeast	89,280	12,420	1,355	93,761	**9.87**
Northwest	54,076	5,935	180	55,1455	**5.78**
District III	59,742	6,280	285	64,571	**6.56**
Northeast	48,924	5,095	320	54,829	**5.47**
Region X	36,463	3,795	270	31,507	**3.61**
TOTALS	**1,044,610**	**91,390**	**16,950**	**842,413**	**100.00**

Greatest Social Need Sub-factors

Area Agency on Aging	*Factors* → Number of Individuals Age 60 and Over…				
	with Mobility Self-Care Limit	with Limited English	and Minority	and Rural	Total Greatest Social Need
Mid-East	94,970	2,035	25,088	22,155	**144,248**
M.A.R.C.	64,850	1,305	24,427	16,345	**106,927**
St. Louis	29,420	1,085	28,024	0	**58,529**
Southwest	53,930	300	2,902	66,065	**123,197**
Central	44,850	462	3,942	60,445	**109,699**
Southeast	42,835	176	4,045	46,705	**93,761**
Northwest	24,320	113	1,182	29,530	**55,145**
District III	25,930	112	1,634	36,895	**64,571**
Northeast	20,660	80	1,524	32,565	**54,829**
Region X	15,000	135	1,317	15,055	**31,507**
TOTALS	**416,765**	**5,803**	**94,085**	**325,760**	**842,413**

Missouri Division of Senior and Disability Services - Area Agency on Aging Funding
SFY 2008 Supplementary Schedule 1

	OLDER AMERICANS ACT FUNDING – *TITLE III/ TITLE VII*										NSIP
	Title III Part B	*Title III Part C-1*	*Title III Part C-2*	*Title III Part E*	*Title III Part D*	*Total Title III*	*Title III-B Ombudsman*	*Title VII Ombudsman*	*Title VII Elder Abuse Prevention*	*Total Title III & VII Ombudsman*	*Meals Incentive*
Total Funding	**7,073,670**	**8,515,882**	**3,734,595**	**3,135,659**	**106,612**	**22,566,418**	**0**	**297,724**	**102,065**	**399,789**	**3,688,569**
State Administration	(353,684)	(425,795)	(186,729)	(156,783)	(5,331)	(1,128,322)	0	0	0	0	0
Sub-Total	6,719,986	8,090,087	3,547,866	2,978,876	101,281	21,438,096	0	297,724	102,065	399,289	3,688,569
OAA Ombudsman	(67,681)	0	0	0	0	(67,681)	67,681	0	0	67,681	0
State Ombudsman	0	0	0	0	0	0	0	(240,077)	0	(240,077)	0
Elder Abuse Transfer to Ombudsman	0	0	0	0	0	0		102,065	(102,065)	0	0
State Administration State Fair	0	0	0	0	0	0	0	0	0	0	0
State Administration Automation	0	0	0	0	0	0	0	0	0	0	0
Funding to AAAs	6,652,305	8,090,087	3,547,866	2,978,876	101,281	21,370,415	67,681	159,712	0	227,393	3,688,569

	MISSOURI GENERAL REVENUE								TRUST	DHSS	SPECIAL	TOTALS
	OAA State Match	*MO Care Options HD Meals*	*Maintaining Nutritional Needs –HDM*	*SSBC Replacement*	*Ombudsman Grants*	*Hold Harmless Grants*	*Medicaid Funded HDM Match*	*Total MO General Revenue*				
Total Funding	**402,597**	**5,016,578**	**923,910**	**1,434,016**	**150,000**	**1,410,420**	**3,088,523**	**12,426,044**	**0**	**1,111,077**	**0**	**40,191,897**
State Administration	0	0	0	0	0	0	0	0	0	0	0	(1,128,322)
Sub-Total	402,597	5,016,578	923,910	1,434,016	150,000	1,410,420	3,088,523	12,426,044	0	1,111,077	0	39,063,575
OAA Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0
State Ombudsman	0	0	0	0	0	0	0	0	0	0	0	(240,077)
Elder Abuse Transfer to Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0
State Administration State Fair	0	0	0	0	0	0	0	0	0	0	0	2,500
State Administration Automation	0	0	0	0	0	0	0	0	0	0	0	0
Funding to AAAs	402,597	5,016,578	923,910	1,434,016	150,000	1,410,420	3,088,523	12,426,044	0	1,111,077	2,500	38,825,998

Supplementary Schedule 2											
OAA Titles III/VII (Except D)	**Southwest**	**Southeast**	**District III**	**Northwest**	**Northeast**	**Central**	**MARC**	**Mid-East**	**St. Louis**	**Region X**	**Total**
	13.54%	9.87%	6.56%	5.78%	5.47%	11.51%	14.81%	22.28%	6.57%	3.61%	100.00%
Part B											
Base Allocation	93,210	93,210	93,210	93,210	93,210	93,210	93,210	93,210	93,210	93,210	932,100
Percent of Allocation	774,517	564,584	375,245	330,628	312,895	658,396	847,162	1,274,462	375,817	206,499	5,720,205
Total	867,727	657,794	468,455	423,838	406,105	751,606	940,372	1,267,672	469,027	299,709	6,652,305
Part C 1											
Base Allocation	113,350	113,350	113,350	113,350	113,350	113,350	113,350	113,350	113,350	113,350	1,133,500
Percent of Allocation	941,921	686,615	456,352	402,091	380,525	800,703	1,030,271	1,549,928	457,048	251,133	6,956,587
Total	1,055,271	799,965	569,702	515,441	493,875	914,053	1,143,621	1,663,278	570,398	364,483	8,090,087
Part C 2											
Base Allocation	49,710	49,710	49,710	49,710	49,710	49,710	49,710	49,710	49,710	49,710	497,100
Percent of Allocation	413,074	301,111	200,130	176,334	166,877	351,143	451,818	679,711	200,435	110,133	3,050,766
Total	462,784	350,821	249,840	226,044	216,587	400,853	501,528	729,421	250,145	159,843	3,547,866
Part E											
Base Allocation	41,740	41,740	41,740	41,740	41,740	41,740	41,740	41,740	41,740	41,740	417,400
Percent of Allocation	346,823	252,818	168,033	148,053	140,113	294,826	379,355	570,697	168,289	92,469	2,561,476
Total	388,563	294,558	209,773	189,793	181,853	336,566	421,095	612,437	210,029	134,209	2,978,876
Ombudsman											
Percent III B Allocation	6,322	4,607	3,062	2,698	2,553	5,373	6,913	10,401	3,067	1,685	46,681
III B Facility/Volunteer	3,222	2,579	3,536	1,912	554	3,114	1,544	2,675	721	1,143	21,000
Percent VII Allocation	11,821	8,618	5,728	5.047	4,776	10,050	12,931	19,453	5,736	3,152	87,312
VII Percent of beds	5,674	5,650	3,322	3,303	3,058	5,223	6,865	3,229	11.201	1,475	49,000
VII State Ombudsman Discretion	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	15,000
VII Rep System Access	840	840	840	840	840	1,680	840	840	0	840	8,400
Total	29,379	23,794	17,988	15,300	13,281	26,940	30,593	38.098	22,225	9,795	227,393
OAA Title III D	15.42%	10.69%	8.29%	7.95%	7.10%	10.93%	12.78%	13.10%	8.15%	5.59%	100.00%
Part D											
Percent of Allocation	15,617	10,827	8,396	8,052	7,191	11,070	12,944	13,268	8,254	5,662	101,281
Total	15,617	10,827	8,396	8,052	7,191	11,070	12,944	13,268	8,254	5,662	101,281
Total OAA Titles III/VII	**2,819,341**	**2,137,759**	**1,524,154**	**1,378,468**	**1,318,892**	**2,441,088**	**3,050,153**	**4,424,174**	**1,530,078**	**973,701**	**21,597,808**

Supplementary Schedule 2

Federal Funding

FY07 Funding July – September

7/1/06-9/30/06	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	Total
NSIP[1] Meals	226,819	205,558	102,563	137,970	127,829	270,097	133,492	206,976	137,410	59,312	**1,608,026**
Percent of Base Period Meals	14.11%	12.78%	6.38%	8.58%	7.95%	16.80%	8.30%	12.87%	8.55%	3.69%	**100.00%**
Percent of Base Period Allocation	131,556	119,224	59,486	80,022	74,141	156,656	77,425	120,046	79,698	34,401	**932,655**
Total	**131,556**	**119,224**	**59,486**	**80,022**	**74,141**	**156,656**	**77,425**	**120,046**	**79,698**	**34,401**	**932,655**

FFY08 Funding: October – June

10/1/06-6/30/07	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	Total
NSIP[4] Meals	686,465	598,434	295,969	424,322	377,297	764,165	418,575	658,934	363,474	163,940	**4,751,575**
Percent of Base Period Meals	14.45%	12.59%	6.23%	8.93%	7.94%	16.08%	8.81%	13.87%	7.65%	3.45%	**100.00%**
Percent of Base Period Allocation	398,147	347,092	171,663	246,106	218,833	443,216	242,774	382,182	210,815	95,086	**2,755,914**
Total	398,147	347,092	171,663	246,106	218,833	443,216	242,774	382,182	210,815	95,086	**2,755,914**
TOTAL NSIP	**529,703**	**466,316**	**231,149**	**326,128**	**292,974**	**599,872**	**320,199**	**502,228**	**290,513**	**129,487**	**3,688,569**

[1] NSIP Funding Notes:

1. NSIP funding is subject to change based on actual Administration on Aging funding, with adjustments being made in subsequent allotment tables.
2. NSIP allocations in this table are preliminary and based on estimated SFY 2007 NSIP meal service delivery, as provided by each Area Agency.
3. Actual NSIP allocations will be based on actual SFY 2007 NSIP meals service delivery, with adjustments made in a subsequent allotment table.
4. FFY 2007 NSIP funding is based on an estimate of $0.58 per base period (prior year) meal served.
5. FFY 2008 NSIP funding is based on an estimate of $0.58 per base period (prior year) meal served.

Supplementary Schedule 2											
	Southwest	**Southeast**	**District III**	**Northwest**	**Northeast**	**Central**	**MARC**	**Mid-East**	**St. Louis**	**Region X**	**Total**
Missouri General Revenue	13.54%	9.87%	6.56%	5.78%	5.47%	11.51%	14.81%	22.28%	6.57%	3.61%	100.00%
OAA State Match											
Base Allocation	5,640	5,640	5,640	5,640	5,640	5,640	5,640	5,640	5,640	5,640	56,400
Percent of Allocation	46,874	34,170	22,711	20,010	18,937	39,847	51,272	77,133	22,745	12,498	346,197
Total	**52,514**	**39,810**	**28,351**	**25,650**	**24,577**	**45,487**	**56,912**	**82,773**	**28,385**	**18,138**	**402,597**
Missouri Care Options – HD Meals - SFY 06 Allocation Basis:											
Base Allocation	70,290	70,290	70,290	70,290	70,290	70,290	70,290	70,290	70,290	70,290	702,900
Percent of Allocation	892,135	650,322	432,230	380,837	360,411	758,380	975,812	1,468,001	432,889	237,858	6,588,875
Total	**962,425**	**720,612**	**502,520**	**451,127**	**430,701**	**828,670**	**1,046,102**	**1,538,291**	**503,179**	**308,148**	**7,291,775**
Missouri Care Options Designated to Match											
	-442,101	-611,190	-206,084	-222,160	-297,693	-269,645	-44,663	-37,949	-60,456	-83,256	-2,275,197
Total Med HDM	**520,324**	**109,422**	**296,436**	**228,967**	**133,008**	**559,025**	**1,001,439**	**1,500,342**	**442,723**	**224,892**	**5,016,578**
GR SSBG Replacement Transportation											
Base Allocation	11,470	11,470	11,470	11,470	11,470	11,470	11,470	11,470	11,470	11,470	114,700
Percent of Allocation	95,279	69,453	46,162	40,673	38,491	80,994	104,215	156,780	46,232	25,403	703,682
Total	**106,749**	**80,923**	**57,632**	**52,143**	**49,961**	**92,464**	**115,685**	**168,250**	**57,702**	**36,873**	**818,382**
GR SSBG Replacement Nutrition											
Base Allocation	8,630	8,630	8,630	8,630	8,630	8,630	8,630	8,630	8,630	8,630	86,300
Percent of Allocation	71,672	52,245	34,724	30,596	28,955	60,926	78,394	117,936	34,777	19,109	529,334
Total	**80,302**	**60,875**	**43,354**	**39,226**	**37,585**	**69,556**	**87,024**	**126,566**	**43,407**	**27,739**	**615,634**
Operational Grant – Ombudsman											
Legislative Appropriation	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	150,000
Total	**15,000**	**15,000**	**15,000**	**15,000**	**15,000**	**15,000**	**15,000**	**15,000**	**15,000**	**15,000**	**150,000**
Operational Grants – Hold Harmless											
Legislative Appropriation	0	0	26,093	275,596	63,610	0	0	0	1,045,121	0	1,410,420
Total	**0**	**0**	**26,093**	**275,596**	**63,610**	**0**	**0**	**0**	**1,045,121**	**0**	**1,410,420**

Supplementary Schedule 2											
Medicaid HD Meals State Match											
	Southwest	**Southeast**	**District III**	**Northwest**	**Northeast**	**Central**	**MARC**	**Mid-East**	**St. Louis**	**Region X**	**Total**
SFY 07 Medicaid Meals	240,956	366,638	122,189	125,527	170,738	161,754	26,792	22,764	67,659	43,124	1,348,141
Percent Base Yr Medicaid Meals	17.87%	27.20%	9.06%	9.31%	12.66%	12.00%	1.99%	1.69%	5.02%	3.20%	100.00%
Allocation Percent	145,367	221,191	73,716	75,730	103,005	97,586	16,163	13,733	40,818	26,017	813,326
Sub – Total	145,367	221,191	73,716	75,730	103,005	97,586	16,163	13,733	40,818	26,017	813,326
Missouri Care Options (MCO) Designated to Match											
	Southwest	**Southeast**	**District III**	**Northwest**	**Northeast**	**Central**	**MARC**	**Mid-East**	**St. Louis**	**Region X**	**Total**
Medicaid HDM	442,101	611,190	206,084	222,160	297,693	269,645	44,663	37,949	60,456	83,256	2,275,197
Total	**587,468**	**832,381**	**279,800**	**297,890**	**400,698**	**367,231**	**60,826**	**51,682**	**101,274**	**109,273**	**3,088,523**
Maintaining Nutritional Needs - HDM											
	Southwest	**Southeast**	**District III**	**Northwest**	**Northeast**	**Central**	**MARC**	**Mid-East**	**St. Louis**	**Region X**	**Total**
SFY 07 HD Meals	752,374	816,154	290,002	431,542	451,698	752,000	401,068	663,348	545,130	164,157	5,267,473
Base Yr HDM Percent	14.28%	15.49%	5.51%	8.19%	8.58%	14.28%	7.61%	12.59%	10.35%	3.12%	100.00%
Allocation Percent	131,966	143,153	50,866	75,692	79,227	131,900	70,347	116,351	95,615	28,793	923,910
Total	131,966	143,153	50,866	75,692	79,227	131,900	70,347	116,351	95,615	28,793	923,910
Total General Revenue	**1,494,323**	**1,281,564**	**797,532**	**1,010,164**	**803,666**	**1,280,663**	**1,407,233**	**2,060,964**	**1,829,227**	**460,708**	**12,426,044**
Elderly HDM Trust Fund (State Income Tax Check Off)											
	Southwest	**Southeast**	**District III**	**Northwest**	**Northeast**	**Central**	**MARC**	**Mid-East**	**St. Louis**	**Region X**	**Total**
Allocation Percent	0	0	0	0	0	0	0	0	0	0	0
HDM Trust Fund	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

2008-1

SUPPLEMENTARY SCHEDULE 2

	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Social Services Block Grant	13.54%	9.87%	6.56%	5.78%	5.47%	11.51%	14.81%	22.28%	6.57%	3.61%	100.00%
Transportation											
Base Allocation	8,880	8,880	8,880	8,880	8,880	8,880	8,880	8,880	8,880	8,880	88,800
Allocation Percent	73,832	53,819	35,771	31,517	29,827	62,762	80,756	121,489	35,825	19,685	545,283
Total	**82,712**	**62,699**	**44,651**	**40,397**	**38,707**	**71,642**	**89,636**	**130,369**	**44,705**	**28,565**	**634,083**
Nutrition											
Base Allocation	6,680	6,680	6,680	6,680	6,680	6,680	6,680	6,680	6,680	6,680	66,800
Allocation Percent	55,540	40,486	26,909	23,709	22,438	47,213	60,750	91,391	26,950	14,808	410,194
Total	62,220	47,166	33,589	30,389	29,118	53,893	67,430	98,071	33,630	21,488	476,994
Total SSBG	**144,932**	**109,865**	**78,240**	**70,786**	**67,825**	**125,535**	**157,066**	**228,440**	**78,335**	**50,053**	**1,111,077**
Special Programs	**Southwest**	**Southeast**	**District III**	**Northwest**	**Northeast**	**Central**	**MARC**	**Mid-East**	**St. Louis**	**Region X**	**TOTAL**
State Fair	0	0	2,500	0	0	0	0	0	0	0	2,500
Automation-NAPIS	0	0	0	0	0	0	0	0	0	0	0
Total Special Programs	**0**	**0**	**2,500**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2,500**
Total AAA Funds	**4,988,299**	**3,995,504**	**2,633,575**	**2,785,546**	**2,483,357**	**4,447,158**	**4,934,651**	**7,215,806**	**3,728,153**	**1,613,949**	**38,825,998**

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O.A.A Title III	**SUPPLEMENTARY SCHEDULE 3 (Maximum Administration)**										
Maximum Administration	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
From Parts B or C	241,093	182,659	130,299	117,799	112,687	208,607	260,692	378,672	130,161	83,253	1,845,922
From Part E	38,856	29,456	20,977	18,979	18,185	33,657	42,110	61,244	21,003	13,421	297,888
Total	279,949	212,115	151,276	136,778	130,872	242,264	302,802	439,916	151,164	96,674	2,143,810
General Revenue/Social Services Block Grant REPLACEMENT:											
Maximum Administration	187,051	141,798	100,986	91,369	87,546	162,020	202,709	294,816	101,109	64,612	1,434,016
Total	187,051	141,798	100,986	91,369	87,546	162,020	202,709	294,816	101,109	64,612	1,434,016
SOCIAL SERVICES BLOCK GRANT:											
Maximum Administration	144,932	109,865	78,240	70,786	67,825	125,535	157,066	228,440	78,335	50,053	1,111,077
Total	144,932	109,865	78,240	70,786	67,825	125,535	157,066	228,440	78,335	50,053	1,111,077
	SUPPLEMENTARY SCHEDULE 4 (Funding Allocated by Equal Base)										
O.A.A Title III	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Part B	93,210	93,210	93,210	93,210	93,210	93,210	93,210	93,210	93,210	93,210	932,100
Part C 1	113,350	113,350	113,350	113,350	113,350	113,350	113,350	113,350	113,350	113,350	1,133,500
Part C 2	49,710	49,710	49,710	49,710	49,710	49,710	49,710	49,710	49,710	49,710	497,100
Part E	41,740	41,740	41,740	41,740	41,740	41,740	41,740	41,740	41,740	41,740	417,400
Missouri General Revenue											
OAA State Match	5,640	5,640	5,640	5,640	5,640	5,640	5,640	5,640	5,640	5,640	56,400
MO Care Options HDM	70,290	70,290	70,290	70,290	70,290	70,290	70,290	70,290	70,290	70,290	702,900
GR SSBG Transportation[2]	11,470	11,470	11,470	11,470	11,470	11,470	11,470	11,470	11,470	11,470	114,700
GR SSBG Nutrition	8,630	8,630	8,630	8,630	8,630	8,630	8,630	8,630	8,630	8,630	86,300
Social Services Block Grant											
Transportation	8,880	8,880	8,880	8,880	8,880	8,880	8,880	8,880	8,880	8,880	88,800
Nutrition	6,680	6,680	6,680	6,680	6,680	6,680	6,680	6,680	6,680	6,680	66,800
Total by Equal Base	**409,600**	**409,600**	**409,600**	**409,600**	**409,600**	**409,600**	**409,600**	**409,600**	**409,600**	**409,600**	**4,096,000**

[2] General Revenue appropriated to replace loss of Social Services Block Grant funding (SSBG)

LISTING OF STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES OLDER AMERICANS ACT, AS AMENDED IN 2006

BY SIGNING THIS DOCUMENT, THE AUTHORIZED OFFICIAL COMMITS THE STATE AGENCY ON AGING TO PERFORMING ALL LISTED ASSURANCES AND REQUIRED ACTIVITIES.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Sec. 306(a), AREA PLANS

STATES MUST ASSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(B) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub clause (I);

(4)(A)(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Care Ombudsman, a State Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will—

(i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division

(A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(C) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary

responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

NOTE: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

_____ _____

Signature and Title of Authorized Official *Date*

✓ *State Unit on Aging assures funds are targeted with preference to serving specified populations*

Funds are distributed to Area Agencies using a formula that contains weighted factors based on the most recent census data in measuring low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas by planning and service area. The funding formula is updated annually using state population estimates. The components and weight factors used to allocate funding has not changed since the previous State Plan submission. Targeted distribution of funds by the State Unit ensures that services are available within the planning and service areas to mandated populations (Funding Allocation data in Appendix A-4; Service Delivery data regarding Minority & Rural Missourians Appendix A-2).

Area Agencies on Aging are required to give preference to target populations as mandated within the Act and to include information in the proposal/bid process and subsequent contracts that address methods to be utilized to target mandated population in outreach activities and service provision. Area Agencies conduct outreach activities that include targeted populations in various ways including health fairs, presentations at local churches, senior centers, and community events as well as television, radio, newsletters, press releases, brochures, flyers, surveys and word of mouth by employees, seniors and their family members.

Projected costs for providing services in rural areas—any town or city with a population of twenty thousand or less—have been included in the Funding Formula tables contained herein. Area Agencies are required to document methods for meeting needs of rural seniors based on regional surveys determining needs. Additionally, Area Agencies participate in the activities of the Missouri Rural Health Association. The State Agency monitors Title III expenditures to ensure funding for rural populations equal the amount expended in FY 2000 (Expenditure for rural seniors Appendix A-2).

Area plans include a summary of activities targeted to increase participation of minority seniors – to include Native Americans – in programs and benefits funded under the Older Americans Act. Native Americans are dispersed throughout Missouri increasing by just over 26% during the 1990's (19,835 in 1990 to 25,076 in 2000)—remaining an unchanged proportion (0.4%) of Missouri's total population. Missouri Native American population is largely concentrated in Jackson County (3,168 in 2000). The Area Agencies collectively served 448 seniors known to be Native American descent, representing just fewer than 2% of the projected statewide Native American population.

✓ *State Unit on Aging assures Area Agencies conduct emergency preparedness activities*

Through contracts and area plans, that State Unit ensures Area Agencies coordinate planning activities with state and local entities in the long-range emergency preparedness plans in compliance with mandates of the act and state regulation [19 CSR 15-4.190 (9)]. State regulation requires each Area Agency to develop a comprehensive, coordinated disaster preparedness plan that incorporates requirements of the respective service providers in the planning and service area.

Based on lessons learned from Katrina as well as natural disasters occurring in Missouri, the State Unit is in the process of developing additional guidelines for comprehensive disaster planning that outline specific expectations for area plans and contracts with local providers that will detail requirements prior to the next submission. The State Unit will revise the review process for each disaster preparedness plan to include evaluation of demonstrated coordination activities and related efforts that ensure readiness within the service delivery system as necessary to effectively respond to at-risk seniors during time of natural disaster such as earthquakes, floods, ice storms, tornadoes, and man-made disasters such

as bombs, bio-terrorism, and terrorism. Plans will be reviewed for compliance with terms, conditions, and assurances of the Act related to such disasters as well as state regulation.

A representative of the Missouri Association of Area Agencies serves on the Special Needs Task Force chaired by the department and has developed overall responsibilities, and the role, that Area Agencies can be expected to play during disaster response. Area Agencies have demonstrated involvement during the ice storms and power outages that occurred in Missouri in 2006/2007 – representing the point of contact for handling cooling centers, emergency shelters, transportation and meals for seniors affected by the disasters.

✓ *The State Unit on Aging assures that Title B expenditures meets the mandated minimum*

Area Agencies are required by contract to ensure expenditures of Title B allotment represent the following percentage of services: Access Services – 30%; In-home Services – 20%; and Legal Services – 1%. The State Unit conducts regular expenditure reviews and analyzes annual cost and service reports to ensure compliance (FFY06 Expenditure Summary Appendix A-1 and Projected Expenditures FFY08 – FFY12 Appendix A-3).

✓ *Area Agencies approved for direct provision of Case Management services*

The State Unit on Aging provides care plan management for recipients of Medicaid funded Home and Community Services as required by state and federal regulations and state Medicaid plans. Area Agencies provide direct case management under both Title III and through the Family Caregiver funds. All in-home services funded by Missouri are already defined in Sec. 102(19)(G). The State Plan authorizes direct provision of case management services to participating Area Agencies (For list of Case Management approval by Area Agency, see Appendix A-3).

✓ *The State Unit on Aging assures in consultation with Area Agencies that statewide activities focused on access to, and assistance in securing and maintaining, benefits and rights will be identified/prioritized.*

Area Agencies have been approved for direct provision of Information and Assistance and Outreach services. The Missouri Alliance of Area Agencies on Aging in partnership with the State Unit on Aging has developed and implemented a statewide website that houses resource information in a centralized database, providing access to comprehensive information regarding local resources targeted to seniors. The *Missouri Aging Information Network*[20] *(MAIN)* is designed to house information covering a broad spectrum of topics such as Adult Day Care Centers, Alzheimer's Caregiver Support services, assisted transportation or grocery delivery.

Information and Assistance in Missouri is available through the operation of both a statewide and the Area Agency specific toll-free number. The Aging and Disability Network also partners with the state to participate in the annual "*Show Me Summit on Aging and Health*" sponsored by the Area Agencies. The Summit is funded through donations, sponsorships, and registration fees; is targeted to educate seniors, senior care providers, and senior specialists; and provides networking opportunities, workshops, and updates regarding information and technology. The 2007 conference will host over 30 educational workshops on various senior issues, conducted by a combination of national speakers and state/local dignitaries, and vendors showcasing senior related products and best practices. Proceeds from the Summit are reinvested in future annual events.

Area Agencies continue to serve as the main contact for education and assistance with both the State Pharmacy Assistance program and the Medicare Part D outreach efforts. The State Pharmacy assistance program, housed in the Department of Social Services contracts with the Area Agencies to assist seniors in learning and enrolling in programs that assist in paying for prescription medications.

The Northwest Area Agency has recently developed a pilot project establishing three Resource Centers within the eighteen county planning and service area. Each center was provided grant funding to hire a full time Resource Consultant to provide *Awareness and Information*; *Assistance and Access,* as well as public education and information regarding resources for seniors. Each Resource Center will select three senior centers based on location, performance and demonstrated involvement in innovative initiatives. In addition to working with seniors, the Resources Centers will work with communities and community groups to: determine readiness to provide programs policies, and services that address the needs of seniors and caregivers; assist in development of "livable" communities for residents; and harness the talent, wisdom and experience of seniors to contribute to the community. The Centers will also form partnerships with organizations, business, and etc. to provide and coordinate services for seniors.

✓ *The State Unit on Aging assures public input into planning and policy decisions.*

The State Unit meets each month with the alliance of Area Agencies – where each Area Agency director is in attendance – to maximize communication between the state and area agencies. Likewise, the state and area agencies participate in many committees, commissions and group meetings – and provide support to each other in public forums.

The views, issues, and concerns of seniors, adults with disabilities, families, caregivers, and the Aging and Disability Network partners are obtained through the regular monthly discussions between area agency directors and directly through statewide hearings, meetings, surveys, participation on commissions, councils, task forces, presentations, sister state agencies, universities, legislative hearings, and various partnership associations within the Aging and Disability Services Network. Issues and concerns of seniors, caregivers and network partners expressed at various events are recorded and incorporated into future planning efforts. State staff also meet regularly with members of the Silver Haired Legislature (SHL) and Governor's Advisory Council – both are designated state entities with a primary focus on advocating for seniors and supporting legislation designed to improve care, services, and programs for seniors. State staff also meets at least quarterly with contract in-home providers/vendors to maximize information exchange regarding quality of home and community based services.

Formal presentation of the plan is planned for the September 2007 Missouri Summit on Health and Aging and will be followed by input, survey and comment opportunities as Missouri moves forward with the initiative to rebalance long-term care and transform the mental health system. Public comment will also be solicited through posting of the State Plan on Aging on the department's website.

✓ *The State Unit on Aging assures programs established under subtitle 705 will comply with the mandates of the Act and will not supplant state or federal funds previously used to support the rights of vulnerable seniors.*

Activities regarding access to benefits that protect senior rights and vulnerable seniors are prioritized in accordance with the requirements of the Older Americans Act. Statewide policies focused on protecting the rights of seniors are designed in collaboration with sister state agencies, Area Agencies, the Lieutenant Governor's Office (as the Senior Advocate in Missouri), legislators, and interested partners within the Aging and Disability Network.

Additional funds authorized through Title VII are allocated to Area Agencies to fulfill the requirements of the Act, and are not used to supplant state or federal funding invested in senior protection or Elder Rights activities. Maintenance of the appropriate level of Title VII assistance is achieved by allocating funds to Area Agencies through the Ombudsman program. Increased state funds, distributed to the

Area Agencies via the funding formula, are used to expand the Ombudsman Program and Elder Rights Activities.

- ✓ *The State Unit on Aging assures the Missouri Long-term Care Ombudsman program is operated in compliance with the requirements outlined in the Act – yet not more restrictive than the Act allows.*

  On-site program monitoring assures that local activities comply with federal requirements and participation in the Ombudsman program is not limited beyond requirements outlined section 712(a)(5) of the Older Americans Act. Additional activities conducted to enhance the Ombudsman program are consistent with requirements of the Act. The Office of the Long-term Care Ombudsman was transferred in July 2007 from the Division of Regulation and Licensure to the Division of Senior and Disability Services – more closely aligning the program within the state agency responsible for Adult Protective Services and Legal Services Development and away from the regulation division.

- ✓ *The State Unit on Aging assurance related to programs for the prevention of elder abuse, neglect, and exploitation:*

  The State Unit on Aging is responsible for registering reports, investigating allegations, and intervening in suspected cases of alleged elder abuse, neglect and exploitation. The State Unit operates a toll-free hotline for registering reports 24-hours per day/7-days per week. Area Agencies work closely with the State Unit to report alleged incidences of abuse, neglect or exploitation of seniors in the community. Area Agencies conduct presentations and training in an effort to increase awareness of elder abuse and requires contracted providers and staff to report circumstances of possible abuse, neglect or exploitation to the state's Central Registry Unit. Area Agency staff is also invited to participate in annual Adult Protective Services training events conducted for state staff that investigate allegations of elder abuse.

  The State Unit on Aging assures protection and intervention in cases of elder abuse through oversight and operation of programs, policies and direct supervision of staff charged with investigation of alleged elder abuse/neglect/exploitation and the subsequent provision of Adult Protective Services. By referring alleged perpetrators of elder abuse for inclusion on the Employee Disqualification List (EDL), increased protection is provided to seniors and recipients of long-term care in Missouri. Contracted home and community based providers, vendors, hospitals, and facilities are prohibited by state law from hiring individuals listed on the Employee Disqualification List – and are required by state law to conduct criminal background checks on potential employees using the Department of Health and Senior Services operated Family Care Safety Registry.

  The delivery of Adult Protective Services, increased public awareness, educational efforts, prevention and treatment for victims is a collaborative effort of sister-state agencies and the Aging and Disability Network partners, coordinating care needed by victims. Area Agencies dedicate local, state, and federal resources when available – to provide services needed by senior victims in an effort to prevent additional injury or harm. Increased awareness of elder abuse is a collaborative effort of the State Unit on Aging, the State Long-term Care Ombudsman, Area Agencies, and Aging and Disability Network Partners who conduct educational sessions regarding detecting, preventing and treating abuse/neglect/financial exploitation. Efforts are geared to staff, families, seniors, adults, and residents of long-term care facilities.

  - *The State Unit* has developed and marketed the MO $AFE[21] program – Missourians Stopping Adult Financial Exploitation – intended to educate seniors and financial institutions regarding the problem of financial exploitation. Initially, training packets were developed for primary distribution to banks and credit unions; however, the state is currently compiling the companion packet – geared to seniors and caregivers.

- *The State Long-term Care Ombudsman Program* has developed an abuse/neglect poster that is distributed to long-term care facilities to increase public awareness of the mandatory reporting laws. Families or residents consulting with the staff or volunteers of the Ombudsman program are directed to call the Elder Abuse Hotline to report incidents of abuse/neglect/exploitation.

AGING & DISABILITY NETWORK PARTNERS

Alzheimer's Association[22] is the leading voluntary health organization in Alzheimer care, support and research. A multimillion-dollar organization, the Alzheimer's Association has been the catalyst and leader for a generation of advancements in research and care; achievements and progress in the field have given thousands of people a better quality of life and brought hope for millions more.

Contracted Providers and Vendors are an integral part of the partner network – assuring that options are available for Missouri residents that choose to receive long-term care in the home and community. Entities must submit a proposal outlining their business practices and demonstrating an ability to meet the standards of care prior to receiving a participation agreement. The division contracts with approximately 350 entities across the state to provide home and community based care. Additionally, Area Agencies contract with local service providers to provide senior programs funded through the Older Americans Act – and supplemented by General Revenue and local funding.

Governor's Advisory Council on Aging (GAC)[23] was established in 1973 in response to the mandate of the federal Older Americans Act which required states to: "take into account, in connection with the matters of general policy arising in the development of administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan." The Governor's Advisory Council, in partnership with DIVISION OF SENIOR & DISABILITY SERVICES, provides advice and counsel to the Governor in an effort to enhance the quality of life, independence and dignity of all elder Missourians.

Governor's Council on Disabilities (GCD)[24] promotes full participation and inclusion of the nearly one million Missourians with disabilities in all aspects of community life by educating citizens, businesses, schools, universities and others of their rights and responsibilities under the Americans with Disabilities Act. The Council offers assistance to other state agencies for compliance with all laws regarding persons with disabilities and maintains communication with disability advocates and service providers to disseminate information and receive feedback on problems affecting people with disabilities in order to recommend policy improvements. The Council aims to promote positive images and protect persons with disabilities through equal access to services and employment opportunities.

Local Public Health Agencies (LPHA) work with policy makers, agencies, and the public to support and strengthen Missouri's public health system. The public health system in Missouri is comprised of the Missouri Department of Health and Senior Services, 114 local public health agencies and multiple other partners, such as health care providers, associations and advocacy groups that work together to protect and promote health. Local Public Health Agencies are autonomous, operating independently of each other and the state and federal public health agencies, delivering public health services in each of Missouri's communities.

Special Populations Task Force was formed within the *Missouri Disaster Recovery Partnership/State Council* to develop a comprehensive plan for Missouri to maximize safety for populations with special needs. The task force is co-chaired by the Division of Vocational Rehabilitation and the Department of Health and Senior Services, and is supported by the State Emergency Management Agency (SEMA). The Task Force with input from many public, private and consumer partners developed Annex X for the State Emergency Operations plan; standard operating guides for Division of Vocational Rehabilitation and Department of Health and Senior Services and planning templates for local use. Department of Health and Senior Services developed a special toolkit for seniors interested in planning for disasters and has worked

with partners to distribute the "Ready in 3" preparedness guide to increase personal commitment and planning for disaster response.

Missouri Arthritis Advisory Board (MAAB) – volunteer members include researchers, nurses, physical therapists, rheumatologists, and individuals diagnosed with arthritis, that commit their time to assist the program through the Regional Arthritis Centers in expanding evidence-based courses and advocating for issues associated with Arthritis. Seven Regional Arthritis Centers work with their regional and community partners to provide the evidence-based course offerings. Self-help course-instructors and speakers provide information through seminars, support groups, and public.

Missouri Planning Council on Developmental Disabilities assists in planning and public awareness within the community to ensure all people with developmental disabilities are included in every aspect of life. An employee of Division of Senior and Disability Services, appointed by the Governor, represents seniors and Older American Act programs on this council.

Missouri Rx Commission supports Missouri's new State Pharmacy Assistance Program that replaced Missouri Senior Rx. The State Pharmacy Assistance Program was created by the 93rd General Assembly to coordinate benefits with Medicare's (Part D) Prescription Drug Program and provide assistance with prescription drug costs to Missourians in need. The Division of Senior and Disability Services' Director serves as a Commissioner.

Missouri Statewide Independent Living Council (SILC) was established in response to the Rehabilitation Act of 1973 as amended, to work with state agencies to oversee services for persons with disabilities and assist in the development and implementation of the annual State Independent Living plan. The 2005-2007 state plan developed by DVR in partnership with the SILC details the tasks necessary to accomplish the delivery of independent living services that will assist consumers with disabilities to achieve their goals.

"One Generation"– Boone County Hospital Foundation Trustees approved the development of an Intergenerational Day Care Center. When completed in 2008, the 21,000 square foot facility will house a dual-daycare center – serving children and frail seniors designed with a comprehensive intergenerational mission. The facility will serve up to 60 frail elderly (stroke, heart disease, dementia, Alzheimer's, and Parkinson's) and up to 104 children (newborn to age six). The center will provide eight daily periods of structured interactions between the participants in the centers. The Boone Intergenerational Daycare Center will be the first of its kind in the state of Missouri and one of only a handful in the country. The center is open to the entire community with a sliding payment scale to assist needy families.

Personal Independence Commission (PIC)[25] is charged with advising the Governor on policy and program changes necessary to assure that Missourians of all ages and disabilities have access to a range of community support services. The Commission includes individuals with disabilities and their family members, senior citizens, advocacy groups, the lieutenant governor's office, four members of the general assembly and directors/designees from Departments of Health and Senior Services, Social Services, Mental Health, and Elementary and Secondary Education.

Silver Haired Legislature (SHL)[26] is a formally elected body of citizens 60 years of age and older that promotes conscientious legislative advocacy for Missouri's older adults. All volunteer members serve without pay. Annual elections are held during the month of May at local area agencies on aging nutrition or senior centers. Senior citizens elect three senators and twelve representatives from each of the ten area agencies on aging for a total of 30 senators and 120 representatives. Following elections, the SHL meets to elect officers and begin to ascertain the needs of seniors in their districts. Bills and resolutions are then drawn up and prepared for presentation at the statewide fall conference at which the body meets for three days and conducts a model legislative session. Members present, debate and vote on a pre-prepared docket of bills and resolutions that concern legislation affecting the lives of not only the elderly but also all

Missouri citizens. From this docket, five bills having the highest priority are selected as SHL's main focus in the Missouri General Assembly for the upcoming year. The SHL then works to educate state legislators about the issues and concerns of seniors developed through this grass-roots process. Missouri was the pioneer in developing this legislative process, which has subsequently been adopted by most states for their seniors.

S.O.R.T (Seniors Organized to Restore Trust)[27] – program, operated under the direction of Care Connections (District III Area Agency on Aging) is comprised of retired professionals who are trained to identify potential fraud and abuse of Health Care systems – primarily Medicare and Medicaid – and establishing systems for reporting suspected program noncompliance. S.O.R.T. specialists are trained to identify potential fraud and abuse of the Medicare/Medicaid system, report it to the appropriate oversight agency, and/or provide insurance counseling services for seniors. Additionally the Area Agency works within the program to educate seniors on their role in detecting and reporting fraud and abuse.

4-Life Project[28] – Lafayette County was designated as a Health Professional Shortage Area (HPSA) with three times fewer physicians than needed within the county. The Lexington community rallied around this issue and began to develop a multi-purpose facility that includes a Senior Center, Rodgers-Lafayette Dental & Health Center, Preschool, vocational classes to train the people to be early childcare workers, and a walking track. The Area Agencies and community partners, under the leadership of the Lafayette County Health Department, have adopted a System of Care Model, creating an environment that addresses individuals as well as community health through community-based health planning.

The Division of Senior and Disability Services also has a strong partnership with several associations that serve seniors and adults with disabilities, including, but not limited to:

- Missouri Adult Day Care Association (MOADCA) http://www.moadca.org/
- Missouri Alliance for Home Care (MAHC) http://www.homecaremissouri.org/
- Missouri Assisted Living Association (MALA) http://www.malarcf.org/
- Missouri Association of Centers for Independent Living (MOCIL)
- Missouri Association of Independent Living (MAIL)
- Missouri Association of Homes for the Aging (MOAHA) http://www.moaha.org/
- Missouri Association of Nursing Home Administrators http://www.mlnha.org/
- Missouri Council for In-Home Services http://www.mohomecare.org/
- Missouri Health Care Association http://www.mohealthcare.com/
- Missouri Hospice and Palliative Care Association http://www.mohospice.org/

RESOURCE MATERIAL – HYPERLINK REFERENCE GUIDE

[1] Missouri Department of Health and Senior Services http://www.dhss.mo.gov/

[2] Department of Health and Senior Services Organizational Chart http://www.dhss.mo.gov/AboutDHSS/dhssorganizationalchart.pdf

[3] Missouri Medicaid Reform Commission http://www.senate.mo.gov/medicaidreform

[4] Transformation of Medicaid to MO HealthNet Exec Report http://www.dss.mo.gov/mis/mcdtransform.pdf

[5] Missouri Health Improvement Act of 2007 (SB577) http://www.senate.mo.gov/07info/pdf-bill/tat/SB577.pdf

[6] Missouri Lieutenant Governor Peter Kinder http://www.ltgov.mo.gov/

[7] Department of Health and Senior Services http://dhss.mo.gov

[8] Missouri Department of Social Services http://www.dss.mo.gov/index.htm

[9] Missouri Department of Social Services, Family Support Division http://www.dss.mo.gov/fsd/index.htm

[10] Missouri Department of Social Services, MO HealthNet Division http://www.dss.mo.gov/dms/index.htm

[11] Department of Mental Health (DMH) http://dmh.mo.gov

[12] Division of MRDD, DMH http://www.dmh.missouri.gov/mrdd/mrddindex.htm

[13] Division of Comprehensive Psychiatric Services, DMH http://www.dmh.missouri.gov/cps/cpsindex.htm

[14] Division of Alcohol and Drug Abuse, DMH http://www.dmh.missouri.gov/ada/adaindex.htm

[15] Missouri Division of Vocational Rehabilitation http://vr.dese.mo.gov

[16] Missouri Department of Transportation http://www.modot.mo.gov/ExpressLane/MatureDrivers.htm

[17] Area Agency on Aging http://www.dhss.mo.gov/AAA/index.html

[18] Missouri Long-term Care Ombudsman Program http://www.dhss.mo.gov/Ombudsman/

[19] Missouri Senior Report http://www.missouriseniorreport.org/

[20] Missouri Aging Information Network http://www.moaging.com/

[21] MO $AFE http://www.dhss.mo.gov/MOSAFE/index.html

[22] Alzheimer's Association http://www.alz.org/about_us_about_us_.asp

[23] Governor's Advisory Council on Aging http://www.dhss.mo.gov/GovAdvisoryCouncil/

[24] Governor's Council on Disabilities http://www.gcd.oa.mo.gov/

[25] Personal Independence Commission http://www.gcd.oa.mo.gov/PIC/pic1.shtml

[26] Missouri Silver Haired Legislature http://www.dhss.mo.gov/SilverHaired/

[27] S.O.R.T – Seniors Organized to Restore Trust http://www.careconnectionservices.org/healthcare.htm

[28] 4-Life Project http://www.lexington4life.org/index.htm